

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78217

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** FRONTIER LINER SERVICES, INC.

**Current Principal Place of Business:**

8600 NW 53RD TERRACE  
SUITE 100  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8600 NW 53RD TERRACE  
SUITE 100  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 65-0309271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ATRIUM REGISTER AGENT, INC.  
1500 SAN REMO AVE.  
SUITE 125  
MIAMI, FL 33146 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: PARODY, ALFREDO  
Address: 8600 NW 53RD TERRACE, SUITE 100  
City-St-Zip: DORAL, FL 33166 US

Title: VP  
Name: PARODY, LUIS CARLOS  
Address: 8600 NW 53RD TERRACE, SUITE 100  
City-St-Zip: DORAL, FL 33166 US

Title: D  
Name: ROJAS, GONZALO  
Address: 8600 NW 53RD TERRACE, SUITE 100  
City-St-Zip: DORAL, FL 33166

Title: D  
Name: BARRAZA, LUZ  
Address: 8600 NW 53RD TERRACE, SUITE 100  
City-St-Zip: DORAL, FL 33166 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO PARODY

P/S

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date