


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90030 044 ***150.00

DOCUMENT # P06000128417

1. Entity Name
INLINE SALES, INC.



Principal Place of Business Mailing Address
555NE 15TH STREET **555NE 15TH STREET**
SUITE 200 **SUITE 200**
MIAMI, FL 33132 **MIAMI, FL 33132**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03122008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
35-2281430 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMANI, GEORGE T
1201 BRICKELL AVE SUITE 300
MIAMI, FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DPVS**
 STREET ADDRESS **KOENIG, ROBERT**
 CITY-ST-ZIP **151 CRANDON BLVD, SUITE 230**
 KEY BISCAIYNE, FL 33149

TITLE Change Addition
 NAME
 STREET ADDRESS **1300 COUNTRY CLUB PRADO**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
 NAME **T**
 STREET ADDRESS **KOENIG, ROBERT**
 CITY-ST-ZIP **151 CRANDON BLVD, SUITE 230**
 KEY BISCAIYNE, FL 33149

TITLE Change Addition
 NAME
 STREET ADDRESS **1300 COUNTRY CLUB PRADO**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other files empowered.

SIGNATURE: _____ **3-12-8**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #