


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 276516</b> 1. Entity Name <b>MAR-LEN GARDENS "3" CORPORATION</b>	
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Principal Place of Business <b>16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836</b>	Mailing Address <b>16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/05)

City & State	City & State
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4. FEI Number <b>59-2060927</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>SOUTHERTON, EDITH 16800 NE AVE N MIAMI FL 33162</b>
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP	<input type="checkbox"/>
NAME	FELSON, RONALD	
STREET ADDRESS	17050 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	S	<input type="checkbox"/>
NAME	TALBOT, MARIELLE	
STREET ADDRESS	17050 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	P	<input type="checkbox"/>
NAME	COHEN, MILDRED	
STREET ADDRESS	17050 NE 14TH AVE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	T	<input type="checkbox"/>
NAME	RICHARDSON, DELORES	
STREET ADDRESS	16800 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	B	<input type="checkbox"/>
NAME	BONNELL, EDILMA	
STREET ADDRESS	17050 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000480105  
04/10/06-30030-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Mildred Cohen      MILDRED COHEN      3716706      305 947-4511