2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276514

Address: City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name: Address:

City-St-Zip:

MIAMI, FL 33162

CHABOT, GUY

16800 NE 13TH AVE.

CHARRON, NICOLE

MIAMI, FL 33162

16900 N.E. 14TH AVE

N MIAMI BEACH, FL 33162

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Entity Name: MAR-LEN GARDENS "1" CORPORATION

FILED Apr 09, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princi	New Principal Place of Business:			
	RTHEAST 14T CH, FL 33162						
Current Mailing Address:			New Mailing Address:				
	RTHEAST 14T CH, FL 33162						
FEI Number:	59-2060927	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
EDITH SOUTHERTON 16800 NE 14TH AVE N MIAMI BEACH, FL 33162 US			16800 NE 1	KERSTIN WILSON 16800 NE 14TH AVE N MIAMI BEACH, FL 33162 US			
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing its	s registered off	ice or registered agent, or both,		
SIGNATURE: KERSTIN WILSON				04/09/2009			
	Electron	ic Signature of Registered Age	ent		Date		
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BM () GUILLERMO, E 16900 NE 14TH N. MIAMI BEAC	AVE	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	T () TREMBLAY, MI 16900 NE 14TH MIAMI BEACH,	AVE	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address:	P () PETELLE, AND 16900 NE 14TH		Title: Name: Address:	P (X) BROSSEAU, RO 16900 NE 14TH			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MIAMI, FL 33162

CHARRON, NICOLE

16800 NE 13TH AVE.

N MIAMI BEACH, FL 33162

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SIGNATURE: ROGER BROSSEAU P 04/09/2009