2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 276515

Entity Name: MAR-LEN GARDENS "2" CORPORATION

Current Principal Place of Business:

16800 NORTHEAST 14TH AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

16800 NORTHEAST 14TH AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: 59-2060927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDITH SOUTHERTON
16800 NE 14TH AVE.
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

KERSTIN WILSON
16800 NE 14TH AVE.
N. MIAMI BEACH, FL 33162 US

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: KERSTIN WILSON 04/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BELANGER, HUGUETTE
Address: 16800 NE 14TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete
Name: LAVOIE, BEATRICE
Address: 16800 NE 14 TH AVE
City-St-Zip: N MIAMI BCH, FL 33162

Title: T ( ) Delete
Name: ZISFAIN, BRONICA
Address: 17000 NE 14TH AVE
City-St-Zip: N MIAMI, FL 33162

Title: BM ( ) Delete
Name: SAVOI, ANTOINE
Address: 17000 NE 14TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P ( ) Delete
Name: POLANCO, NILDYS
Address: 17000 NORTHEAST 14TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SAVOIE, ANTOINE
Address: 16800 NE 14TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ZISFAIN, BRONIA
Address: 17000 NE 14TH AVE
City-St-Zip: N MIAMI, FL 33162

Title: BM (X) Change ( ) Addition
Name: DEE, JAMES
Address: 17000 NE 14TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NILDYS POLANCO P 04/09/2009
Electronic Signature of Signing Officer or Director Date