


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

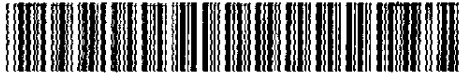
FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 276516 1. Entity Name MAR-LEN GARDENS "3" CORPORATION	
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Principal Place of Business 16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836	Mailing Address 16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-2060927	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOUTHERTON, EDITH 16800 NE AVE N MIAMI FL 33162
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7. Name and Address of New Registered Agent 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 _____ (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 **\$5.00** May
 Trust Fund Contribution. Added to Fee

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FELSON, RONALD			NAME			
STREET ADDRESS	17050 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TALBOT, MARIELLE			NAME			
STREET ADDRESS	17050 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL 33162			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	COHEN, MILDRED			NAME			
STREET ADDRESS	17050 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33162			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	RICHARDSON, DELORES			NAME			
STREET ADDRESS	16800 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE	B	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BONNELL, EDILMA			NAME			
STREET ADDRESS	17050 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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