2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276519

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

N. MIAMI BEACH, FL 33162

N. MIAMI BEACH, FL 33162

COUILLARD, JACQUES

16901 NE 13TH AVE.

() Delete

Entity Name: MAR-LEN GARDENS "6" CORPORATION

FILED Apr 09, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
16800 NOR MIAMI, FL	RTHEAST 14TH 331622836	AVENUE		16800 NORTHEAST 14TH AVENUE NORTH MIAMI BEACH, FL 331622836		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
16800 NORTHEAST 14TH AVENUE MIAMI, FL 331622836				16800 NORTHEAST 14TH AVENUE NORTH MIAMI BEACH, FL 331622836		
FEI Number:	59-2060927	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name				lame and Address of New Registered Agent:		
SOUTHERTON, EDITH 16800 NE 14 AVE N MIAMI BEACH, FL 33162 US			16800 NÉ	WILSON, KERSTIN 16800 NE 14 AVE N MIAMI BEACH, FL 33162 US		
The above in the State		bmits this statement for the pu	rpose of changing i	ts registered offi	ce or registered agent, or both,	
SIGNATUR	:E: KERSTIN \	WILSON		04/09/2009		
		Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E MICHAUD, JEAN 16901 NE 13TH A N. MIAMI BEACH		Title: Name: Address: City-St-Zip:	()0	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E BARNARD, DORI 16800 NE 14TH A N. MIAMI BEACH	\VE	Title: Name: Address: City-St-Zip:	VP (X) C BERNARD, DORI 16901 NE 13TH A N. MIAMI BEACH,	N/E	
Title: Name: Address: City-St-Zip:	S () E GALIBOIS, ANDR 16901 NE 13TH A N. MIAMI BEACH	\VE	Title: Name: Address: City-St-Zip:	()0	Change ()Addition	
Title: Name: Address:	T () E WASHINGTON, E 16901 NE 13TH A		Title: Name: Address:	() C	Change () Addition	

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:

Name:

Address:

City-St-Zip:

SIGNATURE: JEAN MICHAUD P 04/09/2009

(X) Change () Addition

GORZAN, STELLA

16901 NE 13TH AVE.

N. MIAMI BEACH, FL 33162