

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90137 041 \*\*\*150.00

**DOCUMENT # 276520**

1. Entity Name

**MAR-LEN GARDENS "7" CORPORATION**



Principal Place of Business

16800 NORTHEAST 14TH AVENUE  
NORTH MIAMI BEACH FL 33162

Mailing Address

16800 NORTHEAST 14TH AVENUE  
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-1156618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHERTON, EDITH**  
**16800 NE 14 AVE**  
**N MIAMI BEACH FL 33162**

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

Signature, typed or printed name of registered agent and title if applicable

(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 Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FOURNIER, ALVIN	
STREET ADDRESS	16801 NE 13 AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPERMAN, SYLVIA	
STREET ADDRESS	16801 N.E. 13TH AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GELNOWSKI, JOSEPH	
STREET ADDRESS	16801 NE 13TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARCO, JOSE	
STREET ADDRESS	16801 NE 13 AVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	KEHOE, HAROLD	
STREET ADDRESS	16801 NE 13TH AVE	
CITY-ST-ZIP	N.MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**

*Alvin Fournier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALVIN FOURNIER 3/16/06 305 947-4511**

Date:

Daytime Phone #