

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 16, 2007 8:00 am
Secretary of State**

03-16-2007 90042 019 ***150.00



DOCUMENT # 276522
1. Entity Name
MAR-LEN GARDENS "9" CORPORATION

Principal Place of Business: 16800 NORTHEAST 14TH AVENUE, MIAMI FL 33162-2836
Mailing Address: 16800 NORTHEAST 14TH AVENUE, MIAMI FL 33162-2836



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

4. FEI Number **59-2060927**
Applied For Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SOUTHERON, EDITH
16800 NE 14 AVE
N MIAMI BCH FL 33162**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 checked="" type="checkbox"/> Delete
NAME	BATTILORO, DOLORES	
STREET ADDRESS	1355 NE 167TH ST	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBITAILLE, RITA	
STREET ADDRESS	1355 NE 167TH ST	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VOISELLE, ANDRE	
STREET ADDRESS	1355 N.E. 167TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANCHEZ, MANUEL	
STREET ADDRESS	1355 NE 167TH ST	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33162	
TITLE	B	<input type="checkbox"/> Delete
NAME	OLIVA-CAMPANY, JUAN	
STREET ADDRESS	1355 NE 167TH ST	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Voiselle, Andre	
STREET ADDRESS	1355 NE 167th St	
CITY-ST-ZIP	N. Miami Beach, Fla 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brunet, Jean Jacques	
STREET ADDRESS	1355 NE 167 Street	
CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
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: Andre Voiselle ANDRE VOISELLE 3/1/07 305 947-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #