

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90022 039 \*\*\*150.00



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

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2060927**      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

**SOUTHERON, EDITH**  
**16800 NE 14 AVE**  
**N MIAMI BCH 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      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOISELLE, ANDRE	NAME	
STREET ADDRESS	1355 NE 167TH ST	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33162	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBITAILLE, RITA	NAME	
STREET ADDRESS	1355 NE 167TH ST	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33162	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOISELLE, ANDRE	NAME	Brunet, Jean Jacques
STREET ADDRESS	1355 NE 167 ST.	STREET ADDRESS	1355 NE 167th Street
CITY-ST-ZIP	N MIAMI BEACH FL 33162	CITY-ST-ZIP	N. Miami Beach, Fla. 33162
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MANUEL	NAME	Morell, Lenn
STREET ADDRESS	1355 NE 167TH ST	STREET ADDRESS	1355 NE 167 Street
CITY-ST-ZIP	NORTH MIAMI BCH FL 33162	CITY-ST-ZIP	N. Miami Beach, Fla. 33162
TITLE	B <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA-CAMPANY, JUAN	NAME	
STREET ADDRESS	1355 NE 167TH ST	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *J. Morell, President*      3/3/08      305.947.4511  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #