

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276522

FILED
Apr 09, 2009
Secretary of State

Entity Name: MAR-LEN GARDENS "9" CORPORATION

Current Principal Place of Business:

16800 NORTHEAST 14TH AVENUE
MIAMI, FL 331622836

New Principal Place of Business:

16800 NORTHEAST 14TH AVENUE
NORTH MIAMI BEACH, FL 331622836

Current Mailing Address:

16800 NORTHEAST 14TH AVENUE
MIAMI, FL 331622836

New Mailing Address:

16800 NORTHEAST 14TH AVENUE
NORTH MIAMI BEACH, FL 331622836

FEI Number: 59-2060927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOUTHERON, EDITH
16800 NE 14 AVE
N MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

WILSON, KERSTIN
16800 NE 14 AVE
N MIAMI BCH, FL 33162 US

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.

SIGNATURE: KERSTIN WILSON

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOISELLE, ANDRE
Address: 1355 NE 167TH ST
City-St-Zip: N MIAMI BCH, FL 33162

Title: S () Delete
Name: ROBITAILLE, RITA
Address: 1355 NE 167TH ST
City-St-Zip: N MIAMI BCH, FL 33162

Title: T () Delete
Name: BRUNET, JACQUES J
Address: 1355 NE 167TH STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VP () Delete
Name: MORELL, LENN
Address: 1355 NE 167 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: B () Change (X) Addition
Name: ARMEL, INNA
Address: 1355 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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.

SIGNATURE: ANDRE VOISELLE

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date