

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-28-2008 90022 042 ***150.00



DOCUMENT # 276525

1. Entity Name

MAR-LEN GARDENS 12 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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2060927

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

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

(NOTE: Registered Agent signature required when submitting)

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: **B** Delete
 NAME: **SAVARD, DENIS**
 STREET ADDRESS: **16790 NE 14TH AVE**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33162**

TITLE: **P** Delete
 NAME: **ROURKE, WAYNE**
 STREET ADDRESS: **16790 NE 14TH AVE.**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33612**

TITLE: **T** Delete
 NAME: **ACOSTA, WAYNE**
 STREET ADDRESS: **16790 NE 14TH AVE.**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33162**

TITLE: **VP** Delete
 NAME: **SARTOR, MARGOT**
 STREET ADDRESS: **16790 NE 14TH AVE**
 CITY-ST-ZIP: **N MIAMI BCH FL 33162**

TITLE: **S** Delete
 NAME: **SCHWARTZ, HELEN**
 STREET ADDRESS: **16790 NE 14 AVE**
 CITY-ST-ZIP: **NORTH MIAMI FL 33162**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **B.** Change Addition
 NAME: **Fournier, Leandre**
 STREET ADDRESS: **16790 NE 14th Ave**
 CITY-ST-ZIP: **N. Miami Beach, Fla. 33612**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **T.** Change Addition
 NAME: **Cote, Louis-Blaise**
 STREET ADDRESS: **16790 NE 14th Ave**
 CITY-ST-ZIP: **N. Miami Beach, Fla. 33162**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PRESIDENT**

2/11/08

305-947-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #