2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003105

City-St-Zip:

FORT LAUDERDALE, FL 33308

FILED Jan 05, 2009 Secretary of State

Entity Name: MARLIN TOWERS, INC.					
Current Principal Place of Business:			New Princip	New Principal Place of Business:	
3200 NE 2 FT. LAUDE	9TH ST ERDALE, FL:	33308			
Current Mailing Address:			New Mailing	New Mailing Address:	
3200 NE 29TH ST APT 203 FORT LAUDERDALE, FL 33308			3200 NE 29TH ST APT. 203 FORT LAUDERDALE, FL 33308		
FEI Number:	: 59-0881246	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:	
BEAUFRE 3200 NE 2 APT 203 FT LAUDE		3308 US			
	named entity e of Florida.	submits this statement for the	ourpose of changing its	registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BEAUFRERE, 3200 NE 29TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENSON, BOE 3200 NE 29 ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SABATINO, RU 3200 NE 29ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CANDITO, DOI 3200 NE 29TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (GARDNER, ED		Name:	D (X) Change()Addition LUCI, JERE 3200 NF 29TH APT 302	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

FORT LAUDERDALE, FL 33308

SIGNATURE: DON BEAUFRERE PD 01/05/2009