


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90293 017 ***150.00

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1. Entity Name
MARLEX PROPERTY MANAGEMENT, INC.



Principal Place of Business
**2676 SW 129 TERRACE
MIRAMAR, FL 33027**

Mailing Address
**PO BOX 260022
PEMBROKE PINES, FL 33026**

DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1133071

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PATTERSON, CHRISTOPHER
2676 SW 129 TERRACE
MIRAMAR, FL 33027**

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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.

Meredith Patterson, Vice President

SIGNATURE _____ DATE 4-20-05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	PATTERSON, CHRISTOPHER
STREET ADDRESS	2676 SW 129 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D/V/P
NAME	PATTERSON, MEREDITH M
STREET ADDRESS	2676 SW 129 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S
NAME	MASSING, ELEANOR K
STREET ADDRESS	11011 SW 11 COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4-20-05** **9544993559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #