Jan 14 04 12:52p UALE

Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90102 001 ***150.00
02-04-2004 90102 002 *****8.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118044

1. Entity Name
MARLIN INVESTMENT GROUP, INC.

66400802

Principal Place of Business	Mailing Address
1101 BRICKELL AVE STE 1100 MIAMI, FL 33131	701 BRICKELL DR STE 1900 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

-01142004. No Chg-P CR2E034 (10/03)

4. FEI Number
65-1159855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

J DAVID PENA PA
1101 BRICKELL AVE STE 1100
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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
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, 2004 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
NAME	GARCIA, HENRY
STREET ADDRESS	1101 BRICKELL AVE STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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: Henry A. Garcia - 57-1-2916400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #