

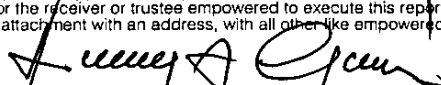


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90043 022 \*\*\*150.00

<b>DOCUMENT # P01000118044</b> 1. Entity Name <b>MARLIN INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>1101 BRICKELL AVE STE 1100 MIAMI, FL 33131</b>			Mailing Address <b>701 BRICKELL DR STE 1900 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>7700 N. Kendall Drive</b> Suite, Apt. #, etc. <b>Suite 809</b> City & State <b>Miami, Florida</b>		3. Mailing Address <b>7700 N. Kendall Drive</b> Suite, Apt. #, etc. <b>Suite 809</b> City & State <b>Miami, Florida</b>			
Zip <b>33156</b>		Country <b>USA</b>		03112005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1159865</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>J DAVID PENA PA 1101 BRICKELL AVE STE 1100 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>German A. Salazar</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 N. Kendall Drive, Suite 809</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33156</b>		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GARCIA, HENRY</b> <b>1101 BRICKELL AVE STE 1100</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # <b>(305) 270-3145</b>	