2005 FOR PROFIT CORPORATION

SIGNATURE: .

4-20-05

Date

305-635-5973 Degistra Phone #

ANNUAL REPORT				May 02, 2005 08:00 A			
DOCUMENT # P02000050838				Secretary of State			
1. Entity Name MARLIN GROCERY, CORP.							
Principal Plac	e of Business	Mailing Address	- 40	٠			
3619 NW 36 ST 3619 NW 36 ST MIAMI, FL 33142 MIAMI, FL 33142							
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r	O NOT WOITE	IN THIS SE	ACE	01052005 No C	hg-P CR2E034	(10/03)	
DO NOT WRITE IN THIS SPACE			ACE	4. FEI Number 01-0686731		Applied For Not Applicable	
		s - ema liberto l'estratoristica de servición de	w systemuskamate	5. Certificate of Status		.75 Additional Required	
	6. Name and Address of Current I	Registered Agent	CONTRACTOR SECURITOR	e esta un un financiatado de Centra de	A CONTRACTOR OF THE CONTRACTOR		
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY			Contraction of the Contraction o	DO NO	T WRITE		
MIAMI, FL 33145					SPACE	•	
		\sim	mate in the property of		OIAUL	•	
8. The above	named entity submits this statement for	the purpose of changing its rec	retared office or registers	ad agent or halb in the	State of Florids 1 am fam	War with and accept	
SIGNATURE.	tions of registered agent. Sometime, hypother printed name of togic poor agent	AMAS, and talle & applicable. (NOTE: Re	A CANYERA Distanced Agent eignature rectured	S LOPEZ /	PRESIDENT DATE	4-27-05	
After M	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.0			00 May Be od to Fees	J00000351276		
TITLE	OFFICERS AND I	DIRECTORS	and the second second and second	05/1	02/05-80197-0	20 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	PAEZ, MARIO A 8004 SW 149 AVE #C311						
TIPLE	MIAMI, FL 33139 ST		entir repulsation	e contrastición de qu			
NAME STREET ADDRESS	JARAMILLO, MANUELA M 8004 SW 149 AVE #C311			Same Same Same	geginger at was in enterpresent enter a line of the contract o	e e ganterate es	
CITY-ST-ZIP	MIAMI, FL 33139			i Communicación (Casa)	iga eram ili ili ili ili ili ili ili ili ili il		
title Name						** * * * * * * * * * * * * * * * * * *	
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NAME Street Address				HA LIH	JOPACE		
CITY-ST-ZIP	46/-			ikan salah dalah dijar. Majarah Majarah dijar			
TITLE NAME							
STREET ADDRESS City-St-Zip					*		
TITLE		<u> </u>	THE ST THERED A	সমূহত হৈ জোল বিষয় হয়। ১৯৮৬ জ	empton of desire the		
NAME STREET ADDRESS CITY-ST-ZIP	•						
12. I hereby of indicated of the cor changed,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee/empo or on an attachment with an address, w	this-filling does not qualify for the true and accurate and that my supered to execute this report as rith all other like empowered.	exemption stated in Sec ignature shall have the s equired by Chapter 607.	tion 119.07(3)(i), Florida ame legal effect as it ma Florida Statutes; and the	Statutes. I further certify to de under oath; that I am a at my name appears in Blo	hat the information in officer or director ock 10 or Block 11 if	

THE AND THEO OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. AMEZ, PRESUDIT