

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093630

1. Entity Name

MARLIN MEDICAL SUPPLIES CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 22 AM 10:35

Principal Place of Business

1800 W 49 STREET  
324G  
HIALEAH, FL 33012

Mailing Address

1800 W 49 STREET  
324G  
HIALEAH, FL 33012



02112005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

43-2027105

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANGULO, YOAN A  
3975 W-8TH-CT  
HIALEAH, FL 33012

**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

*yoan Angulo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/05

DATE

**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 P  
NAME ANGULO, YOAN A  
STREET ADDRESS 3975 W 8TH CT  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

900047502709  
03/01/05--01039--024 \*\*158.72

**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:

*yoan Angulo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 3053649164

Date

Daytime Phone #