


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90412 020 \*\*\*150.00

<b>DOCUMENT # P03000140781</b>	
1. Entity Name <b>MARLIN CAPITAL MANAGEMENT, INC.</b>	

Principal Place of Business <b>5100 N. FEDERAL HIGHWAY SUITE 409 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>5100 N. FEDERAL HIGHWAY SUITE 409 FORT LAUDERDALE, FL 33308</b>
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2. Principal Place of Business <b>800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 470 City &amp; State FORT LAUDERDALE, FL Zip 33309</b>	3. Mailing Address <b>800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 470 City &amp; State FORT LAUDERDALE, FL Zip 33309</b>	Country <b>USA</b>
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04192005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>LEGAL, LARRY 5100 N. FEDERAL HIGHWAY SUITE 409 FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent Name <b>LEGAL, LARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 W. CYPRESS CREEK RD. SUITE 470 City FORT LAUDERDALE FL Zip Code 33309</b>	
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4. FEI Number <b>56-2422411</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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.

SIGNATURE: Larry Legal LARRY LEGAL DATE: 4-30-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEGAL, LARRY 800-W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309</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	<b>D ORLEANS, JIM 12193 ROCKLEDGE CIRCLE BOCA RATON, FL 33428</b> <input checked="" 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	<b>DPTS SCHENDEN, TIM 7353 NW 45TH AVENUE COCONUT CREEK, FL 33073</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	<b>D MATTHEWS, ROBERT 9897 N. SPRINGS WAY CORAL SPRINGS, FL 33076</b> <input checked="" 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	<b>D BALKUNAS, ROBERT 1751 HERMOSO ROAD BOCA RATON, FL 33486</b> <input checked="" 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	<b>D HOLLINGER, BARBARA 2766 PINR HURST DRIVE WESTON, FL 33327</b> <input checked="" type="checkbox"/> Delete	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: Larry Legal LARRY LEGAL DATE: 4/30/05 DAYTIME PHONE #: 954-493-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR