2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038942

Entity Name: MARILINS INTERNATIONAL, INC.

FILED May 04, 2009 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

2126 SW NEWPORT ISLES BLVD 9338 S.W 3RD STREET PORT ST. LUCIE, FL 34953

503

BOCA RATON, FL 33428 US

Current Mailing Address: New Mailing Address:

2126 SW NEWPORT ISLES BLVD 9338 S.W 3RD STREET

PORT ST. LUCIE, FL 34953 503

BOCA RATON, FL 33428 US

FEI Number: 20-4513737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LINS, MARIA LINS, MARIA

2126 SW NEWPORT ISLES BLVD 9338 S.W 3RD STREET

PORT ST. LUCIE, FL 34953 503 BOCA RATON, FL 33428 US

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.

SIGNATURE: MARIA LINS 05/04/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LINS, MARIA Name: Name: LINS, MARIA

2126 SW NEWPORT ISLES BLVD 9338 S.W 3RD STREET Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 US City-St-Zip: BOCA RATON, FL 33428 US

Title: (X) Delete Title: () Change () Addition

Name: FERNANDES, MARJORIE J Name: 2126 SW NEWPORT ISLES BLVD Address: Address: PORT ST. LUCIE, FL 34953 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

FERNANDES, FRANCISCO J Name: Name: 2126 SW NEWPORT ISLES BLVD Address: Address City-St-Zip: PORT ST. LUCIE, FL 34953 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LINS PD 05/04/2009