

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**

09 JUN 30 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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6/3/09 01022 017 150.00  
DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P08000054752
<b>1. Entity Name</b> MARLIN ICE, INC.

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<b>2. Principal Place of Business</b> 2331 NORTH WEST 10TH AVENUE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2331 NORTH WEST 10TH AVENUE Suite, Apt. #, etc.
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<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL	<b>4. FEI Number</b> 80-0291681	<b>Applied For</b> Not Applicable
<b>Zip</b> 33127	<b>Country</b> USA	<b>Zip</b> 33127	<b>Country</b> USA

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>7. Name and Address of Current Registered Agent</b>	
Name JUAN OVALLE	
Street Address (P.O. Box Number is Not Acceptable) 2331 NORTH WEST 10TH AVENUE	
City MIAMI	State <b>FL</b>
Zip Code 33127	

**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 Juan Ovalle 6/24/2009  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP/S/T JUAN OVALLE 2331 NW 10TH AVENUE MIAMI, FL 33127
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**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 on an attachment with an address, with all other like empowered.**

SIGNATURE: Juan Ovalle JUAN OVALLE 6/24/2009 786-390-9047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #