

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

09 SEP 28 AM 10:39

 STATE
 FILING NUMBER
 700161084447

 09/28/09--01040--009 **61.25
 DO NOT WRITE IN THIS SPACE

DOCUMENT # P08000087586
1. Entity Name Marlin Restaurant, Inc.

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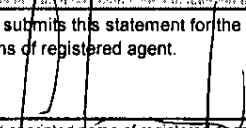
2. Principal Place of Business 10686 S.W. 186th Ln. Suite, Apt. #, etc.	3. Mailing Address 10686 S.W. 186th Ln. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33157	Country USA

4. FEI Number 26-3441791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

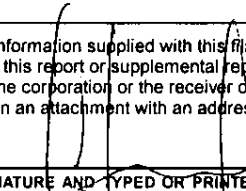
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7. Name and Address of Current Registered Agent	
Name Acosta, Julio G.	
Street Address (P.O. Box Number is Not Acceptable) 11280 S.W. 196th St., Apt. A225	
City Cutler Bay	Zip Code FL 33157

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 	(NOTE: Registered Agent signature required when reinstating) DATE 9-23-09

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Acosta, Julio G. 11280 S.W. 196th St., Apt. A225 Cutler Bay, FL 33157	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/S Miranda, Yareida 11280 S.W. 196th St., Apt. A225 Cutler Bay, FL 33157	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:		Julio G. Acosta	9-23-09 305-233-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #