

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057767

Entity Name: MARLINS INSURANCE, INC.

FILED
Mar 12, 2007
Secretary of State

Current Principal Place of Business:

850 SW 40 AVE
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

850 SW 40 AVE
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0435185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, BARBARA
850 SW 40 AVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GARCIA, BARBARA
Address: 5170 SW 17 CT
City-St-Zip: PLANTATION, FL

Title: V () Delete
Name: GARCIA, SERGIO
Address: % 850 SW 40TH AVENUE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA GARCIA

PRES

03/12/2007

Electronic Signature of Signing Officer or Director

Date