
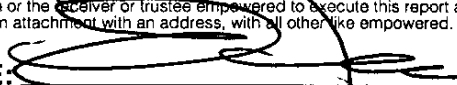


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

05 MAR - 22 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P98000049643</b> 1. Entity Name <b>MARLIN TITLE CORPORATION</b>					
Principal Place of Business <b>103301 OVERSEAS HIGHWAY, STE. A KEY LARGO, FL 33037</b>			Mailing Address <b>103301 OVERSEAS HIGHWAY, STE. A KEY LARGO, FL 33037</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
03102005      Chg-P      CR2E034 (10/03)				4. FEI Number <b>65-0841047</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COSSIO, RAUL A 103301 OVERSEAS HIGHWAY, STE. A KEY LARGO, FL 33037</b>			7. Name and Address of New Registered Agent Name <b>Elena Vigil-Fariñas, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>103301 Overseas Highway</b> City <b>Key Largo, FL</b> Zip Code <b>33037</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COSSIO, RAUL A</b> <input checked="" type="checkbox"/> Delete <b>103301 OVERSEAS HIGHWAY, STE. A KEY LARGO, FL 33037</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Elena Vigil-Fariñas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>103301 Overseas Highway Key Largo, Fla. 33037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Bernardo Fariñas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>103301 Overseas Highway Key Largo, Fla. 33037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input 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: 			Date <b>03-10-05</b> Daytime Phone # <b>305-820-5858</b>		