2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM Secretary of State

ANNUAL REPORT				747	Secretary of State			
DOCUMENT # P98000056979					Secre	tary oi	State	
1. Entity Name MARYLEN CORPORATION								
Principal Place	e of Business	Mailing Address						
1400 NW 10		1400 NW 107 AVE						
SUITE 200 MIAMI, FL 33172		SUITE 200 MIAMI, FL 33172						
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DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 65-08809	nno		Applied For Not Applicable	
	A STATE OF THE PARTY OF THE PAR			5. Certificate of		\$8.7	5 Additional	
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6. Name and Address of Current Registered Agent								
ABUJASEN, MARIELENA				EDO N	W_TO	RITE	the resident	
SUITE 200 MIAMI, FL 33172				TIN TI	HIS SP	ACE		
WINNER, FL	. 33112							
6. The above	named entity submits this statement for	the purpose of changing its registe	red office or register	ed agent, or both, i	in the State of Flo	rida. I am familla	r with, and accept	
	fions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Register	red Agent signature required	f when reinstating)	 -	DATE		
				22 -				
FIL After M	E NOW!!! FEE \$ \$150.00 ay 1, 2006 Fee will be \$550.0	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS						
TITLE	VP/T ABUJASEN, JOSE A							
STITEET ADDITIESS	415 N.W. 136TH COURT							
CITY-ST-ZIP	MIAMI, FL 33182					4		
NAME	ABUJASEN, MARIELENA					15795B		
STREET ADDRESS	1400 NW 107 AVE MIAMI, FL 33172				144			
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NAME STREET ADDRESS								
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CITY-ST-ZIP						ingles -		
TITLE NAME								
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STREET ADDRESS			And the second s		d Complete of September			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path, 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 attachylent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED MANE OF BIGNING OFFICER OR DIRECTOR

Date

Cayting Phone 8