


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90283 015 ***150.00

DOCUMENT # P98000105787 1. Entity Name MARLIN TRADING COMPANY, INC.					
Principal Place of Business 5553 RAVENWOOD ROAD SUITE #111 FT LAUDERDALE, FL 33304			Mailing Address 5553 RAVENWOOD ROAD SUITE #111 FT LAUDERDALE, FL 33304		
2. Principal Place of Business 1157 NW 159 Dr. Suite, Apt. #, etc.		3. Mailing Address 1157 NW 159 Dr. Suite, Apt. #, etc.			
City & State Miami, Florida Zip 33169 Country USA		City & State Miami, Florida Zip 33169 Country USA		4. FEI Number 65-0884549	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROOKMYER, GARY 3300 PGA BLVD STE 350 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Montesi, Michael S. Street Address (P.O. Box Number is Not Acceptable) 1157 NW 159 Dr. City Miami FL Zip Code 33169		
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 M/S MICHAEL S. MONTESI DATE 03/01/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MONTESI, MICHAEL S 5553 RAVENWOOD ROAD STE 111 FT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Montesi, Michael S. 1157 NW 159 Dr. Miami, FL 33169	
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	
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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: M/S MICHAEL S. MONTESI DATE 03/01/05 DAYTIME PHONE # 305-620-4075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					