


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90060 008 ***150.00

DOCUMENT # P98000105787		
1. Entity Name MARLIN TRADING COMPANY, INC.		

Principal Place of Business 1157 NW 159 DR MIAMI, FL 33169	Mailing Address 1157 NW 159 DR SUITE #111 MIAMI, FL 33169
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2. Principal Place of Business	3. Mailing Address 1157 NW 159 Dr.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida
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Zip 33169	Country USA	Zip 33169	Country USA
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6. Name and Address of Current Registered Agent

MONTESI, MICHAEL G 1157 NW 159 DR MIAMI, FL 33169	
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02142006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0884549	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 	MICHAEL S. MONTESI	02/14/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 D	<input type="checkbox"/> Delete
NAME MONTESI, MICHAEL S	
STREET ADDRESS 1157 NW 159 DR	
CITY-ST-ZIP MIAMI, FL 33169	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: 	MICHAEL SILVIO MONTESI	02/14/06	305-620-4075 ext 101
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