2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 AN Secretary of State

					4
1. Entity Nam		•		Secretary of St	ta
MARLIN E	ENGINEERING, INC.				
Principal Place	e of Business	Mailing Address			
2191 NW 97		2191 NW 97 AVENUE			
MIAMI, FL 3: 	3172 US	MIAMI, FL 33172 US			
	A STATE OF THE STA		· 1 3		
_	O NOT WOITE	INI TUIC COA	^ -	01182008 No Chg-P CR2E034 (11/05)	
L	O NOT WRITE	IN THIS SPA	CE ·	4. FEI Number Applied For	
, .				65-0279601 Not Applica 5. Certificate of Status Desired \$8.75 Additional	DIÐ
	6Name and Address of Current R	naistered Agent	T	Fee Required	
	oName and Address of Content K	egisterad Agent	*** * * * * * * * * * * * * * * * * * *	يدين المينية وولاية معيد الأولى الله المينية الأنها والمنافقة الله المنافقة الله المنافقة الله المنافقة الله ا 	•
SORIA, RAMON 2191 NW 97TH AVE			,	DO NOT WRITE	
MIAMI, FL				,	
				IN THIS SPACE	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its register	red office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE			ed Agent signature required	DATE Darken reinstating)	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be	
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Contribution.	. ∐ Addo	led to Fees	
10.	OFFICERS AND D	IRECTORS			. '
TITLE NAME	SORIA, RAMON		la la	Hacanantanac	
STREET ADORESS	2191 NW 97 AVENUE			U00000854096 03/26/08-80093-024 159, 75	
CITY-ST-ZIP	MIAMI, FL 33172 SVD		- },,,,	00, 00, 00 0000 001, 1001,0	
NAME	ALFONSO, SERGIO JR		1		
STREET ADDRESS CITY-ST-ZiP	2191 NW 97 AVENUE		d '		
TITLE	MIAMI, FL 33172		-		
NAME					
STREET ADORESS CITY-ST-ZIP				DO NOT WRITE	
TITLE		<u> </u>	· ,	the state of the s	
NAME				IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP				·	
TITLE			-, <i>4</i>		
NAME					
STREET ADDRESS City-St-ZIP					
TITLE			1		
NAME STREET ADORESS					
CITY-ST-ZIP			I .		

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 that an an officer or director of the corporation or the receiver or trusted ampowered 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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305477-1575

Daylime Phone #