

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90091 025 ***150.00

DOCUMENT # S88908		
1. Entity Name MARLIN COMMERCIAL MORTGAGE, INC.		

Principal Place of Business 11921 S. DIXIE HWY. SUITE 202 MIAMI, FL 33156	Mailing Address 11921 S. DIXIE HWY. SUITE 202 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

400100



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0396783	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUSANO, LEONARD M CPA PA 1860 NO PINE ISLAND ROAD PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name IRA M. HERSCHBEIN, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 7777 Glades Road # 209 City BOCA RATON FL 33434	
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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 <u>IRA M. HERSCHBEIN, CPA</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)		DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLIN, KENNETH 11921 S. DIXIE HWY MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Kenneth M.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-17-07 Daytime Phone # 305 255 2747