


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M95660 1. Entity Name MAPLES PROPERTIES, INC.	
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Principal Place of Business C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS, FL 33071-6089	Mailing Address C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS, FL 33071-6089
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04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0072468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFER, PAUL H., ESQ.
 1700 UNIVERSITY DR.
 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DIAZ, ANA M ZONA 1050 APT 51000 CARACAS, VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ LAVIE, CELESTINO I 5100 ZONA POSTAL 1050 CARACAS, VE
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 04/19/04-80101-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* Date: 4/19/04 (954) 7553600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #