

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M95660

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MAPLES PROPERTIES, INC.

**Current Principal Place of Business:**

C/O KUPFER, KUPFER & SKOLNICK, P.A.  
5541 UNIVERSITY DRIVE, SUITE 103  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KUPFER, KUPFER & SKOLNICK, P.A.  
5541UNIVERSITY DR., SUITE 103  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 98-0072468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUPFER, PAUL H., ESQ.  
5541UNIVERSITY DR.  
103  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVST ( ) Delete  
Name: DIAZ, ANA M  
Address: ZONA 1050 APT 51000  
City-St-Zip: CARACAS, VE

Title: PD ( ) Delete  
Name: DIAZ LAVIE, CELESTINO I  
Address: 5100 ZONA POSTAL 1050  
City-St-Zip: CARACAS, VE

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: FERNANDEZ, CELESTINO I  
Address: 5100 ZONA POSTAL 1050  
City-St-Zip: CARACAS, VE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL H KUPFER

AGT

04/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date