

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 11, 2008
Secretary of State

DOCUMENT# N98000003137

Entity Name: MAPET INTERNATIONAL FOUNDATION, INC.**Current Principal Place of Business:**18501 PINES BLVD
STE 338
PEMBROKE PINES, FL 33029**New Principal Place of Business:****Current Mailing Address:**18501 PINES BLVD
STE #300
PEMBROKE PINES, FL 33029**New Mailing Address:****FEI Number:** 65-0844378 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEST INTERNATIONAL CONSULTING, LLC
18501 PINES BLVD.
SUITE 337
PEMBROKE PINES, FL 33029 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

OFFICERS AND DIRECTORS:**Title:** PDCE () Delete
Name: PEREZ, M. MARIO
Address: 18501 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** VSD () Delete
Name: DE PEREZ, DAISY T
Address: 18501 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** D () Delete
Name: GARCIA, MANUEL J
Address: 18501 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** D () Delete
Name: PEREZ, DAYSI M
Address: 18501 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** D (X) Delete
Name: PEREZ, MARCOS A
Address: 18501 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** D () Delete
Name: GARCIA, MARIO P
Address: 18501 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MP

D

06/11/2008

Electronic Signature of Signing Officer or Director

Date