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Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90047 025 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111874

1. Entity Name
FLORIDA MAPLELEAF, INC.

Principal Place of Business	Mailing Address
3696 N FEDERAL HIGHWAY SUITE 203 FT LAUDERDALE, FL 33308	3696 N FEDERAL HIGHWAY SUITE 203 FT LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1400 E. Oakland Park Blvd.	1400 E. Oakland Park Blvd.
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Suite 103
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33334 Country: U.S.A.	Zip: 33334 Country: U.S.A.

03212008 Chg-P CR2E034 (12/06)

4. FEI Number: 83-0436527 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIOTRKOWSKI, JOEL S 317-71ST STREET MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Func Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	MARKOFSKY, STANLEY	NAME	MARKOFSKY, STANLEY
STREET ADDRESS	3696 N FEDERAL HIGHWAY SUITE 203	STREET ADDRESS	1400 EAST OAKLAND PARK BLVD., #103
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/15/08 954-567-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stanley Markofsky, President