


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90047 025 ***150.00

DOCUMENT # P0500011874 1. Entity Name FLORIDA MAPLELEAF, INC.		
Principal Place of Business 3696 N FEDERAL HIGHWAY SUITE 203 FT LAUDERDALE, FL 33308		Mailing Address 3696 N FEDERAL HIGHWAY SUITE 203 FT LAUDERDALE, FL 33308
2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 103	3. Mailing Address 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 103	
City & State Fort Lauderdale, FL Zip 33334 Country U.S.A.	City & State Fort Lauderdale, FL Zip 33334 Country U.S.A.	
4. FEI Number 83-0436527		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 317-71ST STREET MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Func Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARKOFKY, STANLEY 3696 N FEDERAL HIGHWAY SUITE 203 FT LAUDERDALE, FL 33308	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor MARKOFKY, STANLEY 1400 EAST OAKLAND PARK BLVD., #103 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stanley Markofsky, President		Date: 4/15/08 Daytime Phone #: 954-567-5161