## 2004 FOR PROFIT CORPORATION

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGN

## **FILED** Mar 23, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P97000047324 1. Entity Name 03-23-2004 90002 016 \*\*\*150.00 USA-MAPA ENTERPRISES, INC. Principal Place of Business Mailing Address 1500 SE 3RD COURT SUITE #102 1500 SE 3RD COURT SUITE #102 JAUALALJ DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business Mailing Address 1574 SE 3RD COURT SAME Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0758587 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired OloWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOBBI: MARKOS-F GOBBI, MARCOS F 1500 SE 3RD COURT SUITE #102 DEERFIELD BEACH FL 33442 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTS** TITLE ☐ Delete TITLE Addition NAME GOBBI, MARCOS F GOBBI, MARLOS F 1574 SE 3RS COURT NAME STREET ADDRESS 1500 SE 3RD COURT SUITE #102 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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