

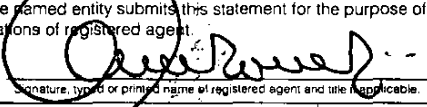
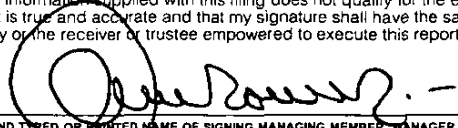


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90015 008 ****55.00

DOCUMENT # L04000010945					
1. Entity Name MAPEYCO, LLC					
Principal Place of Business 18053 SW 139 PLACE MIAMI, FL 33177			Mailing Address 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 18053 sw 139 Place		3. Mailing Address 18053 sw 139 Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007 Chg-LLC CR2E083 (12/06)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-0715124	
Zip 33177		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Luis Romero Street Address (P.O. Box Number is Not Acceptable) 18053 sw 139 Place City MIAMI FL Zip Code 33177			
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  DATE 01-11-07 <small>(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MAYPEYCO, CXA STREET ADDRESS 2121 PONCE DE LEON BLVD. NO.1050 CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE President NAME Luis Romero STREET ADDRESS 18053 sw 139 Place CITY-ST-ZIP MIAMI, FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRM NAME VARGAS RAMIREZ, FRANCISCO J STREET ADDRESS 601 W 192ND ST APT 44 CITY-ST-ZIP NEW YORK, NY 10040	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Maritza Mejia STREET ADDRESS 18053 sw 139 Place CITY-ST-ZIP MIAMI, FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			DATE 01/11/07 Daytime Phone # 786-234-2621		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					