


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 23 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P00000078331</b> 1. Entity Name <b>MAPETIT, INC.</b>					
Principal Place of Business <b>1056 NW 187TH AVE PEMBROKE PINES, FL 33029</b>			Mailing Address <b>1056 NW 187TH AVE PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business <b>16320 NW 12 ST.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>16320 NW 12 ST.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>PEMBROKE PINES, FL</b>		City & State <b>PEMBROKE PINES, FL.</b>		4. FEI Number <b>65-1082130</b>	
Zip <b>33028</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETIT, JANNETTE 1056 NW 187TH AVE PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent Name <b>BRAZY, JANNETTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>16320 NW 12 ST.</b> City <b>PEMBROKE PINES FL</b> Zip Code <b>33028</b>		
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 <u><i>Jannette Brazy</i></u> <span style="float: right;">02/19/04</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PETIT, JANNETTE</b> <b>1056 NW 187TH AVE</b> <b>PEMBROKE PINES, FL 33029</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BRAZY, JANNETTE</b> <b>16320 NW 12 ST.</b> <b>PEMBROKE PINES, FL. 33028</b>	<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	VP <b>BRAZY, SACHS</b> <b>16320 NW 12 ST.</b> <b>PEMBROKE PINES, FL. 33028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	800030506168 03/16/04--01031--008 **150.00
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		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jannette Brazy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>JANNETTE BRAZY - PRES. 2/19/04 (954) 392-8738</b> <small>Date Daytime Phone #</small>		

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