




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2007 8:00 am
Secretary of State

05-21-2007 90048 033 ***150.00

DOCUMENT # P02000034029		
1. Entity Name CEMMAP, CORP.		
Principal Place of Business 9500 NW 31ST CT. MIAMI, FL 33147	Mailing Address 9500 NW 31ST CT. MIAMI, FL 33147	
DO NOT WRITE IN THIS SPACE		
		66020134 
		04292007 No Chg-P CR2E034 (11/05)
		4. FEI Number 73-1633733
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROJAS, CORNELIO 9500 NW 31ST CT. MIAMI, FL 33147		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROJAS, CORNELIO 9500 NW 31ST CT. MIAMI, FL 33147	DO NOT WRITE IN THIS SPACE
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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: 		06.04.2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>