


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90036 040 ***150.00

DOCUMENT # P02000034473	
1. Entity Name M.A.P. INTERNATIONAL OF PALM BEACH CORP.	

Principal Place of Business 12689 58TH PLACE NORTH ROYAL PALM BEACH, FL 33411	Mailing Address 12689 58TH PLACE NORTH ROYAL PALM BEACH, FL 33411
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40071885



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIVERA, JORGE G 4195 PALM BAY CIRCLE SUITE D WEST PALM BEACH, FL 33406		Name <u>Rivera, Jorge G.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12689 58TH PLACE NORTH</u> City <u>ROYAL PALM BCH</u> FL Zip Code <u>33411</u>	

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] Jorge G. Rivera 4/14/08
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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIVERA, JORGE G 12689 58TH PLACE NORTH ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Jorge G. Rivera 4/14/08 561-667-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #