FILED Aug 26, 2005 8:00 am Secretary of State 08-04-2005 90004 049 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103893 1. Entity Name M.A.P. ENTERPRISES OF TAMPA BAY, INC.				08-04-2003	90004 049 ***3	30.00	
				DDAMATE			
Principal Place of Business Malling Address 10903 N DALE MABRY 10903 N DALE MABRY TAMPA, FL 33770- TAMPA, FL 33770-			1.198114311.0	1 961H álék Seik 22H Sán F	i nen erice inzi kua ikas ir	Francis (Ró)	
2. Principal Place of Business 10903 N. Dale Mabry Hu	3. Malling Address W.	Dale Ma	bry Hwy				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FI.	07252005	Chg-P	CR2E034 (10/03)		
City & State	City & State		4. FEI Numb		, I	plied For t Applicable	
33618 country	33/0/8	Country		of Status Desired	☐ \$8.75 Ada Fee Require		
6. Name and Address of Current R	legistered Agent	Name	7. Name and	Address of New Re	egistered Agent		
KAUFMANN, BRUCE G BRUCE G KAUFMANN, P.A.		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
1564 OAKADIA (N CLEARWATER, FL 33764							
		City			FL Zip Cod	θ	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its r	egistered office or re	egistered agent, or bo	th, in the State of Flor	rida. I am familiar with,	and accept	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaking) DATE							
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. OFFICERS AND I		11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR		
ITTLE PSD NAME PINEDA, NUBIA P	` □ Delete	TITLE NAME			☐ Chánge	☐ Addition	
STREET ADDRESS 10903 N DALE MABRY GITY-SI-ZIP TAMPA, FL -20770 33418 CITY-							
TITLE VPD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME PINEDA, MELECIO R STREET ADDRESS 10903 N DALE MABRY	. 10	NAME STREET ADDRESS				į	
CITY-SI-ZIP TAMPA, FL 33770- 356	□ Delete	CITY-ST-ZEP			☐ Change	☐ Addition	
NAME	_ oses	NAME			□ orania		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS		STREET ADDRESS					
TITLE	☐ Deltate	CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS		NAME Street address					
CITY-ST-ZIP		CITY-ST-ZIP			·		
TITLE	☐ Defete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				Ì	
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 early, 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 attactment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE: SIGNATURE AND TYPESTOR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Of Date Of Date Of Date Of Date Of Date Officer							