

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000058730

1. Entity Name
MAPLEBROOK REALTY, CORP.



Principal Place of Business
600 N. HIATUS ROAD
SUITE 209
PEMBROKE PINES, FL 33026

Mailing Address
600 N. HIATUS ROAD
SUITE 209
PEMBROKE PINES, FL 33026

DO NOT WRITE IN THIS SPACE



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3812750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

ODDMAN, ROYSTON
600 N. HIATUS ROAD
SUITE 209
PEMBROKE PINES, FL 33026

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000768995
07/16/07-80009-015 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PITTER, DAVE 600 N. HIATUS RD - SUITE 209 PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ODDMAN, ROYSTON 600 N. HIATUS RD - SUITE 209 PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-07 954 3926765
Date Daytime Phone #