2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # P06000020577** 1. Entity Name MACAPA ENTERPRISES, INC Principal Place of Business Mailing Address 8931 NE4TH AVENUE RD. 8931 NE 4TH AVENUE RD. MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 No Chg-P CR2E034 (11/05) 03092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4247489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANERI, MARIO A DO NOT WRITE 8931 NE 4TH AVENUE RD. MIAMI SHORES, FL 33138 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 eccept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) U000000860216 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 04/02/08-80052-006 150.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TTILE DANERI, MARIO A ---NAME STREET ADDRESS 8931 NE 4TH AVENUE RD. MIAMI, FL 33138 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7tP mie

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 cath; that I am an officer or director of the corporation or the receiver of 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 attaction of the true true and the receiver of trustee empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

X MARIO DANERI

03-/3-08

305-759-8166

FILED