## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000080921

Entity Name: MAPLE MANUFACTURING, INC.

FILED Mar 23, 2009 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

80 SW 8 STREET 5160 NW 165 TH STREET 2043 MIAMI LAKES, FL 33014

2043 MIAMI LAKES, FL 33014 MIAMI, FL 33130 US

Current Mailing Address: New Mailing Address:

80 SW 8 STREET 5160 NW 165 TH STREET 2043 MIAMI LAKES, FL 33014 US MIAMI, FL 33130 US

FEI Number: 20-5037893 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARGERIE-ARCE, MONICA
80 SW 8 STREET
MIAMI, FL 33130 US

MARGERIE-ARCE, MONICA
5160 NW 165 TH STREET
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: MONICA MARGERIE - ARCE 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: **PRFS** (X) Change ( ) Addition MARGERIE-ARCE, MONICA MARGERIE-ARCE, MONICA Name: Name: 80 SW 8 STREET 5160 N.W. 165 TH STREET Address: Address: City-St-Zip: MIAMI, FL 33130 US City-St-Zip: MIAMI LAKES, FL 33014 US

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: ARCE, PABLO Name: ARCE, PABLO

 Address:
 80 SW 8 STREET
 Address:
 5160 N.W. 165 TH STREET

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:
 MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA MARGERIE - ARCE PRES 03/23/2009

Electronic Signature of Signing Officer or Director

Date