2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083820

City-St-Zip:

LARGO, FL 33774

Entity Name: MAPAPO INVESTMENTS, INC.

FILED Mar 10, 2009 Secretary of State

Entity Nai	me: MAPA	PO INVESTMENTS, INC			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
14100 WALSINGHAM ROAD, #4 LARGO, FL 33774				8324 139TH STREET N SEMINOLE, FL 33776	
Current M	lailing Add	ress:	New Mailing Addre	New Mailing Address:	
14100 WALSINGHAM ROAD, #4 LARGO, FL 33774				8324 139TH STREET N SEMINOLE, FL 33776	
FEI Number:	: 26-0589900	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address o	f Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
POHLMAN, MARK S 14100 WALSINGHAM ROAD, #4 LARGO, FL 33774 US			8324 139TH STREE	POHLMAN, MARK S 8324 139TH STREET N SEMINOLE, FL 33776 US	
	named ent e of Florida.	ty submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:			03/10/2009	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Car	mpaign Finan	cing Trust Fund Contribution ().			
OFFICER	S AND DIR	ECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P S POHLMAN, 8324 139TH SEMINOLE,	I STREET N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP T POHLMAN, 8324 139TH SEMINOLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S SUNGLAO, HENDRICK		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARK S POHLMAN P 03/10/2009