2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P08000094201

Entity Name: MAPEX INC.

Current Principal Place of Business:

12306 NW 10 LN, UNIT 1604
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

12306 NW 10 LN, UNIT 1604
MIAMI, FL 33182

New Mailing Address:

FEI Number: 94-3449286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATUTE, DANIELA
12306 NW 10 LN, UNIT 1604
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATUTE, DANIELA
Address: 12306 NW 10 LN, UNIT 1604
City-St-Zip: MIAMI, FL 33182

Title: VPD ( ) Delete
Name: MACIEL, JUAN DILMER
Address: 12306 NW 10 LN, UNIT 1604
City-St-Zip: MIAMI, FL 33182

Title: VPD ( ) Delete
Name: MACIEL, GERMAN DINO
Address: 12306 NW 10 LN, UNIT 1604
City-St-Zip: MIAMI, FL 33182

Title: VPD ( ) Delete
Name: MACIEL, JORGE DENIS
Address: 12306 NW 10 LN, UNIT 1604
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DANIELA MATUTE DP 04/28/2009

Electronic Signature of Signing Officer or Director Date