

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 016 ***150.00

DOCUMENT # P19523

1. Entity Name
MAPEI CORPORATION



Principal Place of Business
**1144 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442**

Mailing Address
**1144 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007

Chg-P

CR2E034 (12/06)

4. FEI Number
36-3369327

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIMMERMAN, JOHN R
1144 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P DI TEMPORA, NICHOLAS <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1144 E NEWPORT CENTER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE NAME	S ZIMMERMAN, JOHN R <input type="checkbox"/> Delete
STREET ADDRESS	1144 E NEWPORT CENTER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P Rainer Blair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1144 East Newport Center Drive
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	John R. Zimmerman
CITY-ST-ZIP	1144 East Newport Center Drive
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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

4/17/07

Date

954.246.9658

Daytime Phone #