

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90008 026 \*\*\*150.00

**DOCUMENT # P97000011795**

1. Entity Name  
M.A.P. INVESTMENTS, INC.



Principal Place of Business  
8001 NW 64TH ST  
MIAMI, FL 33166

Mailing Address  
1006 MASLEY DR.  
HAINES CITY, FL 33844

**24081882**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0725758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ALLEGRE, MARC  
1006 MASLEY DR.  
HAINES CITY, FL 33844

**DO NOT WRITE  
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 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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEGRE, MARC 1006 MASLEY DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINGUEZ, PATRICE 1006 MASLEY DR. HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**8/20/04**

Date

Daytime Phone # \_\_\_\_\_

Attachment  
24681882  
#P9700001795

MAP Investment, Inc.  
8001 NW 64<sup>th</sup> Avenue, Miami, FL 33844

Department of State  
Division of Corporation

To Whom It May Concern:

I would like to mention that I didn't receive the 1<sup>st</sup> notice for the 2004 for profit corporation annual report for our corporation. I only receive a notice end of July with a due date of 9/8/04

Please accept our check of \$150.00 in payment of the 2004 fee.

Best regards.

Philippe Auge

Controller

FEI: 65-0725758