2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S16977

1. Entity Name
MAYPE CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
1441 S.W. 139TH AVE. MIAMI, FL 33184	1441 S.W. 139TH AVE. MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

03032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0231029	Not Applicable

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

6. Name and Address of Current Registered Agent

DOGER, PEDRO
1441 S.W. 139TH AVE.
MIAMI, FL 33184

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
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	PSD
NAME	DOGER, PEDRO
STREET ADDRESS	1441 S.W. 139TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VTD
NAME	DOGER, MAYRA
STREET ADDRESS	1441 S.W. 139TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80013-012 150.00

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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: _Mayra Doger_   04/17/07   305-223 48Yr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #