

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V72520

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** MAPA INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

221 ARAGON AVE  
SUITE 203  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

221 ARAGON AVE  
SUITE 203  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0373722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOSEPHER, GLORIA R  
2100 PONCE DE LEON BLVD, SUITE 920  
SUITE 5  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MON, PABLO  
Address: 221 ARAGON AVE #203  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: PABLO MON

PRES

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date