

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085768

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: METROSURF INTERNATIONAL, INC.

**Current Principal Place of Business:**

5429 THURSTON AVENUE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

149 NW 10TH AVE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

PO BOX 541744  
LAKE WORTH, FL 33454

**New Mailing Address:**

FEI Number: 65-1038587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STEWART, LEROY  
5429 THURSTON AVENUE  
LAKE WORTH, FL 33463

**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: DC      ( ) Delete  
Name: STEWART, LEROY A  
Address: 5429 THURSTON AVENUE  
City-St-Zip: LAKE WORTH, FL 33463

Title: DV      ( ) Delete  
Name: POWELL, ROGER L  
Address: LOT 17 HENRY MORGAN BLVD PORT ROYAL  
City-St-Zip: KINGSTON, JAMAICA, WI

Title: DS      ( ) Delete  
Name: HYATT, WINSOME C  
Address: 12 OAKLAND AVE PASSAGE PORT  
City-St-Zip: ST CATHERINE JAMAICA, WI

Title: DPT      ( ) Delete  
Name: TRICE, VULORIA A  
Address: 149 NW 10TH AVE  
City-St-Zip: DELRAY BEACH, FL 33444

**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 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 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: VULORIA A. TRICE

DPT

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date