

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000097828

1. Entity Name
META WAREHOUSE, INC.



Principal Place of Business
**245 SE 1ST STREET STE 316
MIAMI, FL 33131**

Mailing Address
**245 SE 1ST STREET STE 316
MIAMI, FL 33131**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1425667

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PADIAL, JOSE I
2600 DOUGLAS ROAD
PH 6
CORAL GABLES, FL 33134**

**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 fee if applicable

(NOTE: Registered Agent signature required when submitting)

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	P
NAME	VILA, VICTORINO B
STREET ADDRESS	245 SE 1ST STREET STE 316
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	SOCORRO, ROBERTONO M
STREET ADDRESS	245 SE 1ST STREET STE 316
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	GALLINDO, EDUARDO J
STREET ADDRESS	245 SE 1ST STREET STE 316
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	MARQUES, RICARDO A
STREET ADDRESS	245 SE 1ST STREET STE 316
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	PEGO, LUIS A
STREET ADDRESS	245 SE 1ST STREET STE 316
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ARAUJO, PAULO H
STREET ADDRESS	245 SE 1ST STREET STE 316
CITY-ST-ZIP	MIAMI, FL 33131

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01/25/07-90050-002 150.00

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IN THIS SPACE**

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 properly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #