2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151388

Title:

Name:

Address:

City-St-Zip:

Entity Name: METRICS FREIGHT SYSTEMS, INC

() Delete

FILED Jan 26, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:				
2335 NW 107 AVE 2M35 DORAL, FL 33174				2335 NW 107 AVE 80 DORAL, FL 33172			
Current Mailing Address:				New Mailing Address:			
2335 NW 107 AVE 2M35 DORAL, FL 33174			2335 NW 107 AVE 80 DORAL, FL 33172				
FEI Number:	20-1843413	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUEIRAS, ALBERT 9495 SUNSET DR. 230 MIAMI, FL 33173 US				MACALUSO, GUSTAVO 2335 NW 107 AVENUE 80 DORAL, FL 33172 US			
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: GUSTAVO MACALUSO				01/26/2006			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () [MACALUSO, CAI 10875 NW 33 ST MIAMI, FL 3317	-		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	D () I VICTORIANO, JO 10875 NW 33 ST MIAMI, FL 3317	-		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	D () I MACALUSO, GU: 10875 NW 33 ST MIAMI, FL 33173	-		Title: Name: Address: City-St-Zip:	PD (X MACALUSO, G 10875 NW 33 5 MIAMI, FL 331	SUSTAVO ST	() Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GUSTAVO MACALUSO P 01/26/2006

() Change (X) Addition

SIERRA, NILDA

10875 NW 33 ST

MIAMI, FL 33172