

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109278

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: METROPOLITAN ELEVATORS INC.

## Current Principal Place of Business:

500 NE 25TH STREET  
SUITE #9  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

500 NE 25TH STREET  
SUITE #1  
POMPANO BEACH, FL 33064

## Current Mailing Address:

500 NE 25TH STREET  
SUITE #9  
POMPANO BEACH, FL 33064

## New Mailing Address:

500 NE 25TH STREET  
SUITE #1  
POMPANO BEACH, FL 33064

FEI Number: 26-1214490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN EDWARDS, CONSTANTCE A  
1283 SW 44TH TERRACE  
DEERFIELD BEACH, FL 33442 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EDWARDS, DONNAVAN R  
Address: 1283 SW 44TH TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: DONNAVAN EDWARDS

P

04/09/2009

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

\_\_\_\_\_ Date