

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100021

**FILED
Jul 31, 2009
Secretary of State**

Entity Name: METRO MART INC.

Current Principal Place of Business:

49 NE 2ND AVENUE
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

49 NE 2ND AVENUE
MIAMI, FL 33132

New Mailing Address:

FEI Number: 90-0424575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OMEGA ACCOUNTING SERVICES INC.
9066 SW 73 CT
#304
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KALEM, GOKHAN
Address: 3120 NW 101 PLACE
City-St-Zip: DORAL, FL 33172

Title: VP () Delete
Name: SAKLICA, OSMAN
Address: 204 RONJA LANE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: OSMAN SAKLICA

VP

07/31/2009

Electronic Signature of Signing Officer or Director

_____ Date