


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90079 003 ***158.75

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1. Entity Name
METRICOR CORPORATION



Principal Place of Business Mailing Address

13940 SW 136 ST. 13940 SW 136TH ST
 MIAMI, FL 33186 MIAMI, FL 33186 US

60008524



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

65-0796234 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

BENITEZ, VICTOR M
 12191 SW 92ND AVE
 MIAMI, FL 33176-5710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DV	<input type="checkbox"/> Delete
NAME	BENITEZ, MARIAN C	
STREET ADDRESS	12191 SW 92ND AVE	
CITY-ST-ZIP	MIAMI, FL 331765110	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BENITEZ, MIRIAM C	
STREET ADDRESS	8700 S.W. 124 STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENITEZ, VICTOR A	
STREET ADDRESS	14920 SW 167 ST	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUART, CARLOS A	
STREET ADDRESS	14491 SW 161 ST	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUART, REGINA	
STREET ADDRESS	14491 SW 161 ST	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, MIRIAM C	
STREET ADDRESS	12191 SW 92 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ, VICTOR M.	
STREET ADDRESS	12191 SW 92 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: _____ **PRESIDENT** **1/25/2007** **(305) 235-5098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #