# 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 | Mailing Address |
|---|---|
| 245 SE 1ST STREET STE 316<br>MIAMI, FL 33131 | 245 SE 1ST STREET STE 316<br>MIAMI, FL 33131 |

DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

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

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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 executing)

**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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01/25/07-80050-002 150.00

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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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #