

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90085 008 ***150.00

DOCUMENT # P93000003104

1. Entity Name
METROMALL PARTNERS, INC.



Principal Place of Business

**169 E. FLAGLER STREET
SUITE 1600
MIAMI, FL 33131**

Mailing Address

**169 E. FLAGLER STREET
SUITE 1600
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0453061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ISIDORO, LERMAN
48 E FLAGLER ST.
PENTHOUSE 101
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LINDENFELD, ELSA
STREET ADDRESS 169 E. FLAGLER ST., #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE SD
NAME LINDENFELD, DANYA
STREET ADDRESS 169 E. FLAGLER ST., #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD
NAME RESSLER, GARY
STREET ADDRESS 169 E. FLAGLER ST #1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

Danya Lindenfeld

4/16/08

205 374 3677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #