

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 017 ***150.00

24068134



03022004 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1030171 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

DOCUMENT # 277413

1. Entity Name
METROPOLITAN, INC.



Principal Place of Business
**2014 E 7TH AVE
 TAMPA, FL 33605 US**

Mailing Address
**2014 E 7TH AVE
 TAMPA, FL 33605 US**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAPITANO, ANTOINETTE
 2014 E 7TH AVE
 TAMPA, FL 33605**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAPITANO, ANTOINETTE 11416 LINARBOR PL TEMPLE TERRACE, FL 33617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAPITANO, SAMUEL A 3301 ELMONTE CT TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CAPITANO, JAMES P 11416 LINARBOR PL TEMPLE TERRACE, FL <i>Delete</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Antoinette V. Capitano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04
Date

Daytime Phone #