


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001120	
1. Entity Name METILINX, INC.	

Principal Place of Business 999 BAKER WAY SUITE 410 SAN MATEO, CA 94404 US	Mailing Address 999 BAKER WAY SUITE 410 SAN MATEO, CA 94404 US
--	--

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4772272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANNING, ROBERT
5757 BLUR LAGOON DR., STE 300
MIAMI, FL 33126**

**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 _____

**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

**000000131615
04/27/04-80012-018 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COLLAZO, CARLOS M 999 BAKER WAY SUITE 410 SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARK, NEIL 1670 S AMPHLETT BLVD., STE 300 SAN MATEO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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 807, 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 SIGNING OFFICER OR DIRECTOR

Charles Collazo - CEO & Chairman

3/29/04

Date

(650) 292-9200

Daytime Phone #