


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # H68315	
1. Entity Name METRO INTERNATIONAL BATON ROUGE, INC.	

Principal Place of Business 2 EVA ROAD SUITE 221 TORONTO, ONTARIO, CA m9c-2a8 US	Mailing Address 2 EVA ROAD SUITE 221 TORONTO, ONTARIO, CA m9c-2a8 US
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0071654	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABROMEIT-KREMSER, BERND D RR #2 CALEDON, ONTARIO, CA lon 1c8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, CHRISTOPHER 1585 GREENBRIAR DR OAKVILLE, ONTARIO, CA l6m 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORAK, HEIDI 3094 SALMONA COURT MISSISSAUGA, ONTARIO, CA l5b 4g3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASO HEACKER, ISABEL 54 BEECH ST BRAMPTON, ONTARIO, CA l6v 1v3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASO WOLTER, KARIN 200 WOOLNER AVE APT 409 TORONTO, ONTARIO, CA m6n 1y4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000002513
01/13/04-80017-003 158.75

**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 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 title empowered.

SIGNATURE: H. HORAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8/04 416-323-8866
Daytime Phone #