

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H68315**

1. Entity Name  
**METRO INTERNATIONAL BATON ROUGE, INC.**



Principal Place of Business

**2 EVA ROAD, SUITE 221  
TORONTO, ONTARIO, CANADA  
M9C 2A8,**

Mailing Address

**2 EVA ROAD, SUITE 221  
TORONTO, ONTARIO, CANADA  
M9C 2A8,**

**FILED**

**05 JUL 11 PM 3:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**03072005 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>98-0071654</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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

**6. Name and Address of Current Registered Agent**

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

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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           | ABROMEIT-KREMSER, BERND D        |
| STREET ADDRESS | RR #2                            |
| CITY-ST-ZIP    | CALEDON, ONTARIO, CA l0n 1c8     |
| TITLE          | VP                               |
| NAME           | GARDNER, CHRISTOPHER             |
| STREET ADDRESS | 1585 GREENBRIAR DR               |
| CITY-ST-ZIP    | OAKVILLE, ONTARIO, CA l6m 1y6    |
| TITLE          | T                                |
| NAME           | HORAK, HEIDI                     |
| STREET ADDRESS | 3094 SALMONA COURT               |
| CITY-ST-ZIP    | MISSISSAUGA, ONTARIO, CA l5b 4g3 |
| TITLE          | ASO                              |
| NAME           | HECKER, ISABEL                   |
| STREET ADDRESS | 54 BEECH ST                      |
| CITY-ST-ZIP    | BRAMPTON, ONTARIO, CA l6v 1v3    |
| TITLE          | ASO                              |
| NAME           | WOLTER, KARIN                    |
| STREET ADDRESS | 200 WOOLNER AVE APT 409          |
| CITY-ST-ZIP    | TORONTO, ONTARIO, CA m6n 1y4     |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

**03-23-05 90024 034 \$158.75**

**DO NOT WRITE  
IN THIS SPACE**

**07/15**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**July 5/05 416-323-8866**