2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # H68315

1. Entity Name
METRO INTERNATIONAL BATON ROUGE, INC.

Principal Place of Business	Mailing Address
2 EVA ROAD, SUITE 221 TORONTO, ONTARIO, CANADA M9C 2A8, XX	2 EVA ROAD, SUITE 221 TORONTO, ONTARIO, CANADA M9C 2A8, XX

01082007 No Chg-P CR2E034 (11/05)

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4. FEI Number
98-0071654
☐ Applied For
☐ 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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	2220 THE GRAND SIDEROND
CITY-ST-ZIP	CALEDON, ONTARIO CANADA, L7K-28
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	HEACKER, 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	

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01/17/07-80028-018 158.75

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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: _____ Jan. 8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #