

**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.	
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Principal Place of Business 2 EVA ROAD, SUITE 221 TORONTO, ONTARIO, CANADA M9C 2A8, XX	Mailing Address 2 EVA ROAD, SUITE 221 TORONTO, ONTARIO, CANADA M9C 2A8, XX
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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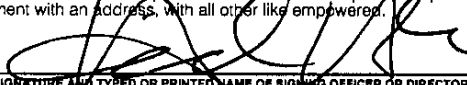
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABROMEIT-KREMSER, BERND D 2220 THE GRAND SIDEROND CALEDON, ONTARIO CANADA, L7K-28
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, CHRISTOPHER 1585 GREENBRIAR DR OAKVILLE, ONTARIO, CA l6m 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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	

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01/17/07-80028-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 8/07