2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J21710

1. Entity Name

METRITEK CORPORATION



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US



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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applied For S8-1702351

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESCHER, GUTTER, CHAVES, JOSEPHER, RUBIN, 2101 CORPORATE BLVD 107

BOCA RATON, FL 33431

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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

Signature, typed or printed name of registered agent and title if applica

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE JABLIN, ROBERT NAME STREET ADDRESS 7894 DUNVAGEN CT. CITY-ST-ZIP BOCA RATON, FL TITLE JABLIN, ADAM NAME STREET ADDRESS 7894 DUNVAGEN CT BOCA RATON, FL 33496 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-7IP

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12. I hereby certify that the information supplied with this filling 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 recomment 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED-NAME OF SIGNING OFFICER OR DIRECTOR

1 9 08 × 561-995-Date Dayting Phone 3 2414