


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J24946 1. Entity Name METRO INTERNATIONAL JACKSONVILLE, INC.	
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Principal Place of Business 2 EVA RD STE 221 TORONTO, ON m9c-2a8 CA	Mailing Address 2 EVA RD STE 221 TORONTO, ON m9c-2a8 CA
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0077266	Applied For <input type="checkbox"/> 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

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC.
777 SOUTH FLAGLER DR., STE.500 EAST
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature typed or printed name of registered agent and title if applicable.

**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	P ABROMEIT-KREMSER, BERND D R R #2 CALEDON, ON l0n 1c8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, CHRISTOPHER 1585 GREENBRIAR DR OAKVILLE, ON l6m 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORAK, HEIDI 3094 SALMONA CT MISSISSAUGA, ON l5b 4g3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASO HAECKER, ISABEL 54 BEACH ST BRAMPTON, ON l6v 1v3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASO WOLTER, KARIN 200 WOOLNER AVE APT 409 TORONTO, ON m8n 1y4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000002515
01/13/04-80017-005 158.75

**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 609, 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: **H. HORAK**  **Jan 8/04 416-323-886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #