

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J24946

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: METRO INTERNATIONAL JACKSONVILLE, INC.

## Current Principal Place of Business:

2 EVA RD, SUITE 221  
TORONTO ONTARIO CANADA  
M9C 2A8, XX

## New Principal Place of Business:

2 EVA RD, SUITE 221  
TORONTO ONTARIO CANADA  
M9C 2A8, OC 000000000 OC

## Current Mailing Address:

2 EVA RD, SUITE 221  
TORONTO ONTARIO CANADA  
M9C 2A8, XX

## New Mailing Address:

2 EVA RD, SUITE 221  
TORONTO ONTARIO CANADA  
M9C 2A8, OC OC

FEI Number: 98-0077266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABROMEIT-KREMSER, BERND D  
Address: 2220 THE GRANGE SIDERAND  
City-St-Zip: CALEDON, ON L7K 2P8

Title: V ( ) Delete  
Name: GARDNER, CHRISTOPHER  
Address: 1585 GREENBRIAR DR  
City-St-Zip: OAKVILLE, ON L6M 1Y6

Title: T ( ) Delete  
Name: HORAK, HEIDI  
Address: 3094 SALMONA CT  
City-St-Zip: MISSISSAUGA, ON L5B 4G3

Title: ASO ( ) Delete  
Name: HAECKER, ISABEL  
Address: 54 BEACH ST  
City-St-Zip: BRAMPTON, ON L6V 1V3

Title: ASO ( ) Delete  
Name: WOLTER, KARIN  
Address: 200 WOOLNER AVE APT 409  
City-St-Zip: TORONTO, ON M6N 1Y4

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI HORAK

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date