

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 012 ***150.00

DOCUMENT # J31904	
1. Entity Name METRO (FLORIDA) GENERAL PARTNER INC.	

Principal Place of Business 20 QUEEN ST.,WEST #2106 TORONTO ONTARIO M5H3R3 CANADA, XX	Mailing Address C/O DOUG MAREK 20 QUEEN ST W, SUITE #2100 TORONTO, ONTARIO, CA M5H-3-3
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1695539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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.

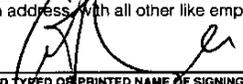
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'GALLAGHER, MICHAEL 20 QUEEN ST.,WEST TORONTO, ONTARIO CANADA, M5H 3R3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ALBERGA, GUY 20 QUEEN ST.,WEST TORONTO, ONTARIO CANADA, M5H 3R3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MERRILL, BRENT 20 QUEEN ST.,WEST TORONTO, ONTARIO CANADA, M5H 3R3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **May 1/05** **416-340-1600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #