2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # J41110

 Entity Name METROPOL BUILDING, INC.



Principal Place of Business

Mailing Address

C/O RAFAEL KAPUSTIN C/O RAFAEL KAPUSTIN 25 SE SECOND AVE STE 750 25 SE SECOND AVE STE 750 MIAMI, FL 33131 MIAMI, FL 33131 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2741772 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAPUSTIN, RAFAEL DO NOT WRITE 25 S.E. SECOND AVENUE STE 750 IN THIS SPACE MIAMI, FL 33131 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 edant and title it epplicable (NOTE: Registered Acient signature required while reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. THIFF PΠ NAL1 KAPUSTIN, RAFAEL STREET ADDRESS 25 S.E. SECOND AVE. CITY-ST-ZIP MIAMI, FL TITLE *U00000578009* NAME KAPUSTIN, SARA 01/09/07-80012-015 150.00 STREET ADDRESS 25 S.E. SECOND AVE. CITY-51-24P MIAMI, FL TITLE NAME KAPUSTIN, ANDREW J 25 SE SECOND AVE #750 STREET ADDRESS DO NOT WRITE CHY-CT-ZIP MIAMI, FL IN THIS SPACE HILE NAME KAPUSTIN, GINA E STREET ADDRESS 25 SE SECOND AVE #750 UTY-\$1-2IP MIAMI, FL TITLE NAME STREET ADDRESS -CITY-SIT-ZIP III F STREET ADDRESS

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 time empowered.

SIGNATURE: RATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 14107 305371-9090