2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 08, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # K69857 & METSCH, P.A.					09-08-2005	90070 02	3 ***550.0	00
Principal Plac	e of Business	Mailing Address	•			•	Enne	ECHO	
1455 N.W. 1 MIAMI, FL 3:		1455 N.W. 14TH STREET MIAMI, FL 33125 US			I (000 108) 01	e Laida iaida iada edik	5006	0678	*91 1) (11 *)
2. Principal P 20301 Suite, Apt.	Biscayne Blvd.	3. Mailing Address 2080 1 Bi scayne Blvd.		d.					
Suite	307	Suite 307			08152005	Chg-P	CR2E	034 (10/03)	
City & Stat	furg, Florida	Aventura, F	Lorida		4. FEI Numb 65-010				plied For t Applicable
33180	Country	33180	Country		-	of Status Desire	d - 🗆	\$8.75 Add	
32.0	6. Name and Address of Current		Name		7. Name and	Address of Ne	w Registered	Agent	
METSCH, BENJAMIN R.				BEN	ATTIM L.	1675CH			
1455 N.W. 14TH STREET				ddress (I	O Box Numb	er is Not Accept	3 Vd ·		
MIAMI, FL 33125			Su	ito	307	1			
			City	Ver	16166		FI	Zip Cod	, SS
8. The above named entity submits this placement 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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be									
1	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	Trust Fund Contrib			. 00 May Be . ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11
TITLE	PD NETTONIA AMERICA	☐ Delete	TITLE	PD		P Hale		Change	Addition
NAME STREET ADDRESS	METSCH, LAWRENCE R. 1455 N.W. 14TH STREET		name Street address	205		K. Mets soayne		4.4	707
CITY-\$T-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	V4	entura,	FL 3	3180	<i>x • y</i> ·	٠ ــــ
TITLE	VPD	☐ Delete	TITLE		D.	P No	lsch .	☐ Change	☐ Addition
NAME STREET ADORESS	METSCH, BENJAMIN R. 1455 N.W. 14TH STREET		NAME STREET ADDRESS	26	ajamir RD i Br	scaune	360	. ,#3	57
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	Av	entura	1 FL 3	<u>33180</u>	<u> </u>	•
TITLE		☐ Defete	TITLE			,		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			name Street address						
CITY-ST-ZIP			CITY-ST-ZIP		·		<u> </u>		~
TITLE		☐ Delete	TITLE	İ				☐ Change	☐ Addition
NAME STREET ADDRESS		-	NAME STREET ADDRESS			•		• • •	-
CITY-ST-ZIP			CITY - ST - ZIP	<u> </u>		<u> </u>		<u> </u>	
TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS						
CITY-SI-ZIP	1		CITY-ST-ZIP	l					

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 embourered 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

165 325-392-2576
Date Daytime Proce #