


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90025 011 ****50.00

DOCUMENT # L05000036683 1. Entity Name METROMAC, LLC	
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Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126	Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 905706598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LEJEUNE ROAD, SUITE 324
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 reconstituting)

DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACEDO, JAVIER 780 NW LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ *Macedo* 3-4-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: _____

ATTACHMENT

20016740

#L05000036683

NICOLAS FERNANDEZ, P.A.

ATTORNEYS AT LAW
780 NORTHWEST LE JEUNE ROAD
SUITE 324 • LE JEUNE CENTRE
MIAMI, FLORIDA 33126

TELEPHONE (305) 461-0404
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NICOLAS FERNANDEZ
E-MAIL nick@nferpa.com
JAVIER GIRAUD
E-MAIL javier@nferpa.com
ISIS VALLE
E-MAIL isis@nferpa.com

March 13, 2006

Via U.S. Mail

Division of Corporations
Uniform Business Report Filings
P.O. Box 6478
Tallahassee, Florida 32314

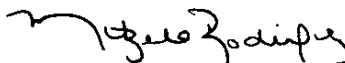
RE: Metromac, LLC.; Document No. L05000036683.

Dear Sir or Madam:

Enclosed herewith please find the 2006 Uniform Business Report for the above referenced corporation together with check # 8678 made payable to the Department of State in the amount of \$50.00 representing your fees. Of course, if you should have any questions or comments, please do not hesitate to contact this office. Thank you.

Very truly yours,

NICOLAS FERNANDEZ, P.A.



Mitzela Rodriguez, Legal Assistant
For the Firm

Enclosures