

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90050 042 ***150.00

DOCUMENT # M26601
 1. Entity Name
MTR, INC.



Principal Place of Business
**2900 LEJEUNE RD
 CORAL GABLES, FL 33134**

Mailing Address
**2900 LEJEUNE RD
 CORAL GABLES, FL 33134**

*57835.w. 40 ST # 250
 FL. 33155 60008533*



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2629279

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTRO, GERMAN
 2900 LEJEUNE RD
 CORAL GABLES, FL 33134**

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 _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTRO, GERMAN O 2900 LEJEUNE RD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____