

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078643

Entity Name: METROSCAPES USA, INC.

FILED  
Feb 16, 2004  
Secretary of State

## Current Principal Place of Business:

4690 SOUTHWIND BLVD.  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 421725  
KISSIMMEE, FL 34742

## New Mailing Address:

FEI Number: 59-3665955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANI-MILLER, JO ANNE  
4690 SOUTHWIND BLVD.  
KISSIMMEE, FL 34746

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: KANI-MILLER, JO ANNE  
Address: 4690 SOUTHWIND BLVD.  
City-St-Zip: KISSIMMEE, FL 34746

Title: VTD ( ) Delete  
Name: CIPOLLONE, ROCCO J  
Address: 1608 ORIOLE AVENUE  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANNE KANI-MILLER

PSD

02/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date