

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000091570

1. Entity Name
METROPOL SECURITY, INC.



FILED
Apr 21, 2004 08:00 AM
Secretary of State

Principal Place of Business
2530 N POWERLINE RD
SUITE 404
POMPANO BEACH, FL 33069

Mailing Address
2530 N POWERLINE RD
SUITE 404
POMPANO BEACH, FL 33069



04172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-1052492 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

CARTE, ILENE
1702 ANDROS ISLE
APT D-1
COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE

6. 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 in printed name of registered agent on file 4, 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00

(NOTE: Registered Agent signature required when registering)

TAXID

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000123306
04/21/04-80085-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | CARTE, ILENE P |
| STREET ADDRESS | 1702 ANDROS ISLE-D1 |
| CITY- ST- ZIP | COCONUT CREEK, FL 33066 |
| TITLE | D |
| NAME | CARTE, RICHARD D |
| STREET ADDRESS | 1702 ANDROS ISLE-D1 |
| CITY- ST- ZIP | COCONUT CREEK, FL 33066 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.071(3)(f), 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:

Ilene Carte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2506

Registry Phone #