2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State

DOCUMENT # P01000006215
1. Entity Name
METROPOLITAN WOODCRAFTERS, INC.



Principal Place of Business

7310 GEORGIA AVE.

WEST PALM BEACH, FL 33405

Mailing Address

7310 GEORGIA AVE. WEST PALM BEACH, FL 33405

|--|

DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

4. FEI Number | A | No Chg-P | CR2E034 (11/05)

100-2101100

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent
 SELLICET

FRANKLIN, ELLIOTT 2777 S CONGRESS AVE LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

				IN THIS STACE		
	e named entity submits this statement for the $ ho$ tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Supplyie, typeo or printed name of registered agent and file if	Senecania SECTE Recurrent	Carlo alconolore	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000506604 04/27/06-80028-025 150.00	
10.	OFFICERS AND DIREC	TORS			1	
TITLE NAME STREET ACCRESS DITY-ST-ZIP	P SERVETAS, STEVE 7310 GEORGIA AVE W PALM BEACH, FL 33405	- -			-	
HITLE NAME STREET ADDRESS CITY-SI-ZIP	·					
NAME STREET ADDRESS CATY-ST-ZIP				DO	NOT WRITE	
Title Name Street address City-St-Zip				IN T	THIS SPACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:	; ; ;	
12. I hereby o	ertily that the information supplied with this fill on this report or supplemental report is true ar	ng does not qualify for the exempted accurate and that my signature	ptions con shall have	tained in Chapter 119 e the same legal effec	9. Florida Statutes. I further certily that the information of as if made under oath, that I am an officer or director	

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 OF SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eve Servetas

3/31/06

(561)586-3211

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