2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000011851

1. Entity Name

METRO2704 INC.

Apr 14, 2003 8:00 am Secretary of State **FILED**

						WE THE								
Principal Place of Business 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021			Mailing Address 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021											
2. Principal Place of Business			3. Mailing Address				7			i daili da il				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. FEI Number 65-1074415 Applied For Not Applicab							
Zip Country			Zip Country			try	5. Certificate of Status Desired S8.75 Additional Fee Required						tional	
	6. Name	and Address of Current	Registere	d Agent			7. Na	ame and A	ddress of	New Re	gistere	d Agent		
		- 520	~			Name	z							
ROUSSO.	MARK E E	SQ.												
-	LYWOOD E			•		Street Address (s (P.O. Box Number is Not Acceptable)							
		JLYU.												
SUITE 360														
HOLLYWO	JOD FL 330	21				City					F	L Zip	Code	
• The chave	nomed ontit	y submits this statement fo	r the euroc	oo of abanging its	cocintors	d affice or register	red agar	ot or both	in the Cte	to of Flor			with o	and account
	tions of regist		r trie purpe	ose or changing its i	registere	ed Office of Teglister	ileu ayei	it, or boat,	iii tile Sta	ie di Fibi	iua. Tai	ii iairiiiar i	willi, c	па ассері
SIGNATURE	Signature, typed	or printed name of registered agent :	and title if appli	icable. (NOTE	: Registered	d Agent signature required	ed when reins	stating)			DATE			<u></u>
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State						ion Camp Fund Cor	-	_) May Be to Fees
		OFFICERS AND		20	144		ADD	UTIONICAC	LIANICEC:	TO OFFI	OFFIC AL	UD DIDEC	TODO	1N1 11
10.	PTD	OFFICERS AND	DIRECTOR		11.		AUU	ITIONS/C	HANGES	TO OFFI	CERS AI			
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19 I hereby o	cortify that the	information cumplied with	thic filing of	door not qualify for	the over	nation stated in Co	action 11	0.07/21/0	Clarida St	atutas I	further a	artifu that	tha in	armation

recomposed to information supplied with this initing does not quality 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 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 322 4280