
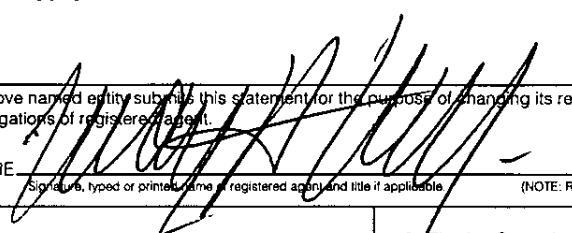
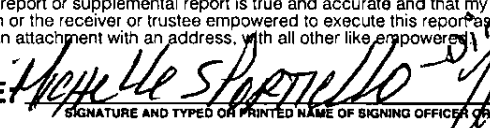


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000037186 1. Entity Name THE METROPOLITAN 1601, INC.						FILED 04 MAR 19 AM 11:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2655 LeJune Rd Suite, Apt. #, etc. #507				Mailing Address Same			
City & State Coral Gables Fl.		City & State Same		4. FEI Number 65-1108476		Applied For <input type="checkbox"/> Not Applicable	
Zip 33134		Country USA		Zip Same		Country Same	
6. Name and Address of Current Registered Agent URDANETA, JUAN VICENTE 888 BRICKELL AVENUE, 5TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable): 2655 LeJune Rd. Suite, Apt. #, etc.: #507 City: Coral Gables FL Zip Code: 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: 				DATE: 3/17/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D NAME: CRUZ, FANNY STREET ADDRESS: 888 BRICKELL AVE., 5TH FL CITY-ST-ZIP: MIAMI, FL 33131				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 2655 LeJune Rd, #507 STREET ADDRESS: Coral Gables, Fl. 33134 CITY-ST-ZIP:			
TITLE: D NAME: SPORTIELLO, MICHELLE STREET ADDRESS: 888 BRICKELL AVE., 5TH FL CITY-ST-ZIP: MIAMI, FL 33131				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 2655 LeJune Rd, #507 STREET ADDRESS: Coral Gables, Fl. 33134 CITY-ST-ZIP:			
TITLE: D NAME: SPORTIELLO-CRUZ, ANTONIO LUIS STREET ADDRESS: 888 BRICKELL AVE., 5TH FL CITY-ST-ZIP: MIAMI, FL 33131				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 2655 LeJune Rd, #507 STREET ADDRESS: Coral Gables, Fl. 33134 CITY-ST-ZIP:			
TITLE: D NAME: SPORTIELLO-CRUZ, VERONICA LUCIA STREET ADDRESS: 888 BRICKELL AVE., 5TH FL CITY-ST-ZIP: MIAMI, FL 33131				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 2655 LeJune Rd, #507 STREET ADDRESS: Coral Gables, Fl. 33134 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 000031287900 STREET ADDRESS: 03/26/04--01094--020 CITY-ST-ZIP: **158.75			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify 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: 				DATE: 3/17/04 Daytime Phone: 305-728-1319			