

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000090186

1. Entity Name
METRO CARE MEDIA, INC.



Principal Place of Business

P. O. BOX 812679
BOCA RATON, FL 33481

Mailing Address

P. O. BOX 812679
BOCA RATON, FL 33481



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1142111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLADSTONE, ARLINE
1550 N. FEDERAL HWY.
DELRAY BCH, FL 33483

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
GLADSTONE, ARLINE
P.O. BOX 812679
BOCA RATON, FL 33481

TITLE
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02/14/08-80048-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Arline Gladstone President Arline Gladstone 2/1/08- 561-447775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #