

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103822

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: METROPOLIS INSURANCE NETWORK, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
STE 212  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

4155 SW 130 AVE.  
SUITE 105  
MIAMI, FL 33175

**Current Mailing Address:**

PO BOX 650306  
MIAMI, FL 33265

**New Mailing Address:**

FEI Number: 65-1148664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRIDO, NELSON  
13860 KENDALE LAKES BLVD.  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARRIDO, NELSON  
Address: 13860 KENDALE LAKES BLVD.  
City-St-Zip: MIAMI, FL 33183

Title: ST ( ) Delete  
Name: GARRIDO, NELSON  
Address: 13860 KENDALE LAKES BLVD.  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON GARRIDO

PD

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date