

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103822

FILED
Mar 15, 2011
Secretary of State

Entity Name: METROPOLIS INSURANCE NETWORK, INC.

Current Principal Place of Business:

4155 SW 130 AVE.
SUITE 105
MIAMI, FL 33175

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: PST
Name: GARRIDO, NELSON
Address: 13860 KENDALE LAKES BLVD.
City-St-Zip: MIAMI, FL 33183

Title: PST
Name: GARRIDO, NELSON
Address: 13860 KENDALE LAKES BLVD.
City-St-Zip: MIAMI, FL 33183

I hereby 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 all other like empowered.

SIGNATURE: NELSON GARRIDO

PST

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date