

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90032 023 ***150.00

DOCUMENT # P01000111044

1. Entity Name
METRO GROUP INC.



Principal Place of Business
**1865 NE 15TH AVE
FORT LAUDERDALE, FL 33305**

Mailing Address
**1451 W CYPRESS CREEK RD
300
FORT LAUDERDALE, FL 33309**



2. Principal Place of Business

2005 W. Cypress Creek Rd

Suite, Apt. #, etc.

201

City & State

Fort Lauderdale, FL

Zip

33309

Country

Broward

3. Mailing Address

2005 W. Cypress Creek Rd.

Suite, Apt. #, etc.

201

City & State

Fort Lauderdale FL

Zip

33309

Country

Broward

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number

74-3051794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, MICHAEL W
1865 NE 15TH AVE
FORT LAUDERDALE, FL 33305**

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mike Fischer

Mike Fischer CEO.

2-5-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**CEO
FISHER, MICHAEL W
1865 NE 15TH AVE
FORT LAUDERDALE, FL 33305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GARCIA, RUBEN J
6670 STRATFORD DR
PARKLAND, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Mike Fischer

2-5-04

954-351-2568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #