

FILED
Aug 18, 2003 8:00 am
Secretary of State

05-05-2003 91766 029 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

5/5/03
 SJ

DOCUMENT # P02000007912

1. Entry Name
METROPOLITAN2207, INC.

Principal Place of Business
**3440 HOLLYWOOD BLVD STE 360
 HOLLYWOOD FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD STE 360
 HOLLYWOOD FL 33021**

55054483



2. Principal Place of Business
2475 Brickell Ave

3. Mailing Address
2475 Brickell Ave.

Suite, Apt. #, etc.
2207

Suite, Apt. #, etc.
2207

City & State
Miami, FL

City & State
Miami, FL

Zip
33129

Country
USA

Zip
33129

Country
USA

4. FEI Number
80-0033497

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ROUSSO, MARK E SO
 3440 HOLLYWOOD BLVD STE 360
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
 Name
MIGUEL BLASCO
 Street Address (P.O. Box Number is Not Acceptable)
2475 Brickell Ave Suite 2207
 City
Miami FL Zip Code
33129

8. The above named entity submitting 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 **4/30/03**

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$180.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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	DPS CARABIA, MIGUEL B 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WIKMAN, MIGUEL B 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MIGUEL BLASCO CARABIA 2475 BRICKELL AVE. SUITE 2207 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIGUEL BLASCO WIKMAN 2475 BRICKELL AVE SUITE 2207 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CARECO (1/10/02)

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: **SIGNATURE REQUIRED** DATE **4/30/03** (208)8609929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR