FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90284 009 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011763

1. Entity Name
1969 METS CORP.

94077242

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE SUITE 2908 MIAMI, FL 33131	1001 BRICKELL BAY DRIVE SUITE 2908 MIAMI, FL 33131

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1500 San Remo Ave.		1500 San Remo Ave.	
Suite, Apt. #, etc.: Suite 125		Suite, Apt. #, etc.: Suite 125	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33146	Country: USA	Zip: 33146	Country: USA

4. FEI Number 27-0001592 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLC CORPORATE SERVICES, INC.
1001 BRICKELL BAY DRIVE SUITE 2908
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Atrium Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Ave. Suite 125
City: Coral Gables FL Zip Code: 33146

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 ______________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENTINER, HECTOR GUSTAVO 1001 BRICKELL BAY DRIVE SUITE 2908 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Valentiner, Hector Gustavo 1500 San Remo Ave., Suite 125 Coral Gables, FL 33146 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Hector Gustavo Valentiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #