04/28/2004 01:40 3052262446 HERNANDEZ TA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91033 003 ***150.00

DOCUMENT # P02000025646

1. Entity Name
METRO CELL, INC.

Principal Place of Business	Mailing Address
~~3777 NE 163RD STREET~~ ~~NORTH MIAMI BEACH, FL 33160 US~~ 20330 NW 2nd Av. Miami FL 33169	~~3777 NE 163RD STREET~~ ~~NORTH MIAMI BEACH, FL 33160 US~~ 20330 NW 2nd Av. Miami FL 33169

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0563826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFFER, MONICA
~~18451 NE 31ST CT.~~ 15954 SW 8th st.
~~#1009~~
~~AVENTURA, FL 33160~~ Pembroke Pines FL 33027

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8. This 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 _____ 4/30/04
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	P
NAME	SHAFFER, MONICA
STREET ADDRESS	~~18151 NE 31ST CT, APT 1009~~ 15954 SW 8th st.
CITY-ST-ZIP	~~AVENTURA, FL 33160~~ Pembroke Pines FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/30/04 (786) 486-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #