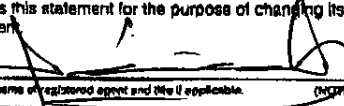
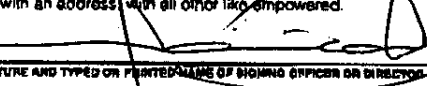


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91033 003 ***150.00

DOCUMENT # P02000025646		
1. Entity Name METRO CELL, INC.		
Principal Place of Business 3777 NE 163RD STREET NORTH MIAMI BEACH, FL 33160 US 20330 NW 2nd Av. MIAMI FL 33169		Mailing Address 3777 NE 163RD STREET NORTH MIAMI BEACH, FL 33160 US 20330 NW 2nd Av. MIAMI FL 33169
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SHAFFER, MONICA 18451 NE 31ST CT. #1009 AVENTURA, FL 33160		15954 SW 8th St. Pembroke Pines FL 33027
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 <u></u> DATE 4/30/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)		
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		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	SHAFFER, MONICA	
STREET ADDRESS	18451 NE 31ST CT. APT 1009	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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: <u></u>		DATE 4/30/04 DAYTIME PHONE # (786) 486-0888



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	