

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000054640

1. Entity Name
METRO SUPPLIES AND EQUIPMENT, CORP.



Principal Place of Business
**11370 SW 113TH TERRACE
MIAMI, FL 33176**

Mailing Address
**8770 SUNSET DR., #375
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0602968

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUINTERO, GEORGE A
11370 SW 113 TERRACE
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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

**U00000078862
03/08/04-80043-009 158.75**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUINTERO, EILEEN
STREET ADDRESS	11370 SW 113 TERRACE
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	VP
NAME	QUINTERO, GEORGE A
STREET ADDRESS	11370 SW 113 TERRACE
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	ST
NAME	QUINTERO, JORGE
STREET ADDRESS	8104 SW 83 CT
CITY- ST- ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #