## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000073170

1. Entity Name

METRO ASSET MANAGEMENT, INC.



Principal Place of Business

Mailing Address

720 TURKEY OAK LANE NAPLES, FL 34108 720 TURKEY OAK LANE NAPLES, FL 34108

## FILED Mar 09, 2007 08:00 A Secretary of State



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 31-1634284 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIALEK, JOSHUA 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108-2709			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and tibe	if applicable. {NOTE. Registere	nd Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		<b>!</b>
10.	OFFICERS AND DIRE	CTORS	<b>含含的是</b> 多	A P SALES AND SOME		1
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PST METRO, PATRICK S 720 TURKEY OAK LANE NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	METRO, PATRICK'S 720 TURKEY OAK LANE NAPLES, FL 34108			0.00	U00000660659 03/20/07_80009+014_150	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Some Social Control					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any address, with all other, like empowered.

**SIGNATURE:** 

SIGNAFORE AND DEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/6/07 (239) 5142712