**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

Mailing Address   Suevests   Subsection	DOCUMENT # P02000074681 1. Entity Name METTA AND SON, INC.		· •		Feb 25, 2004 08:00 AM Secretary of State
19225 FRANJO ROAD   RAME   SUBSTITUTE   SU	Principal Place	e of Business	Mailing Address	<u>,,,,</u>	-
MAMI FL 33157	,		*		
Surie, Apt. # etc.   Surie, Apt. P. etc.   Surie, Apt. P. etc.   MOORE   CR26034 (11/03)  City & State   City & State   City & State   City & State   Country   Zip   Zip   Country   Zip   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip					
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Section	City & State		City & State		1 04 2702170
S. Name and Address of Current Registered Agent  MOUTHAPONG, METTA 19235 FRANJO ROAD MIAMI FL 33157  City FL Zr Code  City FL	Zip	Country	Zip	Country	\$9.75 Auditional
MOUTHAPONG, METTA 19235 FRANJO ROAD MIAM! FL 33157  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the octographons of registered agent.  SIGNATURE    Signame, report or primed name of registered agent agent of registered agent of both, in the State of Florida. I am familiar with, and accept the octographon agent agen					Fee Required
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19235 FRANJO ROAD MIAMI FL 33157  Chy FL Z/p Code  Chy FL	MOI	ITHAPONG METTA			
MIAMI FL 33157  Chy FL Zry Code  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the state of Florida between the state of Florida. I am familiar with, and accept the state of Florida begans agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida begans agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida begans agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida begans agent, or both in the State of Florida. I am familiar with, and accept the	192	35 FRANJO ROAD		Street Address	(P.O. Box Number is Not Acceptable)
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## After May 1, 2004 Fee will be \$550.00   Make Check Payable to Florida Department of State	SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable, (NOTE.	Rogistered Agent signature requin	ed when reinstating) DATE
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12 Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	CITY ST. 7IP			CITY-ST-ZIP	

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.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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