

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 PM 12:12

DOCUMENT # P02000095980

1. Entity Name

Metro Tobacco, Inc.



DO NOT WRITE IN THIS SPACE

600068944186

03/29/06--01016--003 ***300.00

2. Principal Place of Business

2998 NW 30 St.

Suite, Apt. #, etc.

3. Mailing Address

2998 NW 30 St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33142

COUNTRY

USA

Zip

33142

COUNTRY

USA

4. FEI Number

010743224

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Milagros A. Vega

Street Address (P.O. Box Number is Not Acceptable)

2990 NW 30 St.

City

Miami

FL

Zip Code

33142

**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]

By signing, I certify that I am the registered agent and this is acceptable.

(If not, Registered Agent signature required when submitting)

DATE

January 1 to May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P
Milagros A. Vega
2998 NW 30 St
Miami, FL 33142

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-STATE-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)(b), 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 on an attachment with an address, with all other listed employees.

SIGNATURE:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Williams MAR 17 2006

Date

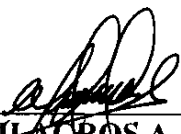
Signature Print

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **METRO TOBACCO, INC.**

Thank you for your courtesy in this matter.



MILAGROS A. VEGA
PRESIDENT