

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000003095

1. Entity Name

METRO ARCHITECTS, INC.



FILED

06 MAR -2 PM 1:14



Principal Place of Business

314 SOUTH MISSOURI AVENUE
SUITE 311
CLEARWATER FL 33756

Mailing Address

314 SOUTH MISSOURI AVENUE
SUITE 311
CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

56-2310915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Christopher Miller

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

314 S. Missouri Ave #311

City

Clearwater

FL

Zip Code

33756

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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 - ST - ZIP
PSTD
MILLER, CHRISTOPHER
314 SOUTH MISSOURI AVENUE #311
CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
PAUL, JOSEPH A
314 SOUTH MISSOURI AVENUE #311
CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MILLER, LAURIE
314 SOUTH MISSOURI AVENUE #311
CLEARWATER FL 33756 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
700068101167
03/20/06--01019--030 **200.00

TITLE
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K. Eckel MAR 07 2006

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #