

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000003095

1. Entity Name

METRO ARCHITECTS, INC.



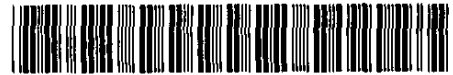
FILED
Feb 22, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

314 South Missouri Ave

Suite, Apt. #, etc.

Suite 311

City & State

Clearwater, FL

Zip
33756

Country
USA

3. Mailing Address

314 South Missouri Ave

Suite, Apt. #, etc.

Suite 311

City & State

Clearwater, FL

Zip
33756

Country
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 56-2310915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, CHRISTOPHER
314 SOUTH MISSOURI AVENUE
SUITE 311
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name N/A

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

City

FL

Zip 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.

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, 2007 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 PSTD
NAME MILLER, CHRISTOPHER ☐ Delete
STREET ADDRESS 314 SOUTH MISSOURI AVENUE #311
CITY-ST-ZIP CLEARWATER FL 33756

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000645234
03/02/07-80078-004 200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

2/19/07