

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010120

**FILED**  
**Jul 21, 2010**  
**Secretary of State**

**Entity Name:** METROPOLITAN INSURANCE CORPORATION

**Current Principal Place of Business:**

15321 NW 60 AVE  
SUITE 102  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

15271 NW 60 AVE  
SUITE 102  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15321 NW 60 AVE  
SUITE 102  
MIAMI LAKES, FL 33014

**New Mailing Address:**

15271 NW 60 AVE  
SUITE 102  
MIAMI LAKES, FL 33014

**FEI Number:** 36-4520834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, JORGE L  
15321 NW 60 AVE  
SUITE 102  
MIAMI, FL 33014 US

**Name and Address of New Registered Agent:**

PEREZ, JORGE L  
15271 NW 60 AVE  
SUITE 102  
MIAMI, FL 33014 US

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.

SIGNATURE: JORGE PEREZ

07/21/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, JORGE L  
Address: 15321 NW 60 AVE SUITE 102  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE PEREZ

P

07/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date