

FILED
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Secretary of State

05-05-2004 90226 031 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000012389			
1. Entity Name METRO PHARMACEUTICALS INC			
Principal Place of Business 2800 E COMMERCIAL BLVD, STE 208 FT LAUDERDALE, FL 33308		Mailing Address 2800 E COMMERCIAL BLVD, STE 208 FT LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-0730191		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 E COMMERCIAL BLVD, STE 208 FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name SYDNEY CORD Street Address (P.O. Box Number is Not Acceptable) 102 NE 2 ST #135 City BOCA RATON FL Zip Code 33437	
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 reappointing) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sydney CORD ☐ Delete President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Sydney CORD		Date April 24-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	