


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90021 039 ***150.00

DOCUMENT # P03000013115 1. Entity Name ALL METRO REALTY, INC.	
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Principal Place of Business 2739 SW 17 ST. MIAMI, FL 33145 US	Mailing Address PO BOX 45-1735 MIAMI, FL 33245 US
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1869486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARRILLO, ERNESTO M 2739 SW 17 ST. MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRILLO, ERNESTO M 2739 SW 17 ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRILLO, ERNESTO M 2739 SW 17 ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRILLO, ERNESTO M 2739 SW 17 ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRILLO, ERNESTO M 2739 SW 17 ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, ERNESTO M 2739 SW 17 ST. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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: *Ernesto M Carrillo* **ERNESTO M CARRILLO** 2/12/05 305 445 3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #