

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91001 017 ***150.00

DOCUMENT # P03000032983

1. Entity Name
METRO IP TECHNOLOGIES, INC.



Principal Place of Business
5225 NW 87 AVENUE, SUITE 100
MIAMI, FL 33178

Mailing Address
5225 NW 87 AVENUE, SUITE 100
MIAMI, FL 33178

14019134

2. Principal Place of Business

3. Mailing Address

300 SEVILLA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

CORAL GABLES - FL

Zip

Country

Zip

Country

33134

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

061683902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMBRANO, DIEGO N
5225 NW 87 AVENUE, SUITE 100
MIAMI, FL 33178

Name

DIEGO NUÑEZ ZAMBRANO

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

300 SEVILLA AVE. SUITE 201

City

CORAL GABLES

FL

Zip Code

33134

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

APR 30 -04

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 PD
NAME ZAMBRANO, DIEGO N
STREET ADDRESS 11 ISLAND AVENUE, APT. 508
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE LEO
NAME DIEGO NUÑEZ ZAMBRANO
STREET ADDRESS 300 SEVILLA AVE. # 201
CITY-ST-ZIP CORAL GABLES FL - 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Week/Phone #

APR 30/04