


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 025 ***150.00

DOCUMENT # P03000099969		
1. Entity Name METROPOLITAN BROKERS INC.		

*from account owner
Not inform filing
of ANNUAL Report requirements
Thanks*



Principal Place of Business 6815 SW 80TH ST. MIAMI, FL 33143 US	Mailing Address 6815 SW 80TH ST. MIAMI, FL 33143 US
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2. Principal Place of Business 1724 SW 22 Terrace	3. Mailing Address 1724 SW 22 Terrace
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06092004 Chg-P CR2E034 (10/03)

City & State Miami, Fla	City & State Miami, Fla	4. FEI Number 26-0226736	Applied For Not Applicable
Zip 33145	Country Miami-USA	Zip 33145	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAZZOTA, MELISSA 6815 SW 80TH ST. MIAMI, FL 33143	
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7. Name and Address of New Registered Agent Name MAZZOTA, MELISSA Street Address (P.O. Box Number is Not Acceptable) 1724 SW 22ND TERRACE City Miami FL Zip Code 33145	
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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]* Reg Agent 6-9-04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S MAZZOTA, MELISSA 6815 SW 80TH ST. MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOTA, MELISSA 6815 SW 80TH ST. MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Sec, DIRECTOR MAZZOTA, MELISSA 1724 SW 22ND TERRACE MIAMI, FLA 33145 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 6-9-04 860-2912
Date Daytime Phone #