

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 028 \*\*\*150.00

**DOCUMENT # P03000120944**

1. Entity Name  
**METONE CONDO NO. 2810 CORP.**



Principal Place of Business

**150 SE 2ND AVENUE  
#1200  
MIAMI, FL 33131**

Mailing Address

**150 SE 2ND AVENUE  
#1200  
MIAMI, FL 33131**

**40019137**

2. Principal Place of Business  
**1001 BRICKELL BAY DRIVE**

3. Mailing Address  
**1001 BRICKELL BAY DRIVE**

Suite, Apt. #, etc.

**1400**

Suite, Apt. #, etc.

**1400**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

02012006 Chg-P CR2E034 (11/05)



4. FEI Number  
**20-0847621**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**ROSEN, BORIS CPA  
150 SE 2ND AVENUE  
#1200  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**ROSEN, BORIS CPA**

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

**1001 BRICKELL BAY DRIVE STE 1400**

City  
**MIAMI**

FL

Zip Code  
**33131**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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  
**PSTD  
MULLER, FRANK H  
150 SE 2ND AVENUE #1200  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD D  
RICK DE MULLER, BRIGITTE J  
150 SE 2ND AVENUE #1200  
MIAMI, FL 33131** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD-MULLER, FRANK H  
1001 BRICKELL BAY DRIVE STE 1400  
MIAMI, FL 33131** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD D-RICK DE MULLER, BRIGITTE J  
1001 BRICKELL BAY DRIVE STE 1400  
MIAMI, FL. 33131** ☐ 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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 374-2001**