


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000112349 1. Entity Name METTA OF CORAL GABLES, INC.						FILED 05 JUN -8 AM 11:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 275 HAMPTON LANE KEY BISCAVNE, FL 33149-1223				Mailing Address 275 HAMPTON LANE KEY BISCAVNE, FL 33149-1223			
2. Principal Place of Business		3. Mailing Address				05022005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 20-1591752				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, HARLESTON R 275 HAMPTON LANE KEY BISCAVNE, FL 33149-1223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Harleston R. Wood</i> Harleston R. Wood DATE 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President Dauphinot Derek Piper 610 John Churchill Chase Street New Orleans, LA 70130 Penthouse #5			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michel Piper Bauer 304 Yacht Harbor Drive Osprey, FL 34229			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary W. Scott Piper III 225 Leucadendra Drive Coral Gables, FL 33156			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dauphinot Derek Piper 610 John Churchill Chase Street New Orleans, LA 70130 Penthouse #5			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200056405432 06/21/05--01069--019 **550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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 <i>Harleston R. Wood</i> Harleston R. Wood DATE 4/28/05				305-361-7094			

Charter Number Only

VALIDATION ONLY

5/3/05

Harleston Wood

Requestor's Name

2 S. Biscayne Blvd #3580

Address

Miami, FL 33131

City

State

ZIP

Phone

CORPORATION(S) NAME

MetLife of Coral Gables, Inc.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☒ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028