

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90083 050 ***150.00

DOCUMENT # P04000124832

1. Entity Name
**METROPOLITAN RESIDENTIAL AND COMMERCIAL
MORTGAGE CORPORATION**



Principal Place of Business
2151 S LEJEUNE RD SUITE 200
CORAL GABLES, FL 33134

Mailing Address
2151 S LEJEUNE RD SUITE 200
CORAL GABLES, FL 33134

40003501



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0740274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAMIREZ, GIORGIO L
5900 SW 73RD STREET SUITE 304
MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name
IRIS J. ROMERO
Street Address (P.O. Box Number is Not Acceptable)
2151 LeJeune Rd. Ste. 200
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 DATE 1-10-06

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, IRIS J 2151 LEJUNE RD STE 200 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE 1-10-06 (305) 618-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR