

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

03-21-2005 90091 012 ***150.00

DOCUMENT # P04000139290					
1. Entity Name METRO CUADRADO, INC.					
Principal Place of Business 3791 OAK RIDGE CIRCLE WESTON, FL 33331			Mailing Address 3791 OAK RIDGE CIRCLE WESTON, FL 33331		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number	
				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	
DIAZ, OSVALDO J 7951 SW 40TH STREET, SUITE 208 MIAMI, FL 33155				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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		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	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DEL CARMEN TORRES, MARIA		NAME		
STREET ADDRESS	3791 OAK RIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TORRES, JOAQUIN S		NAME		
STREET ADDRESS	3791 OAK RIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 company or trustee empowered to execute this report as required by Chapter 507, 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: _____			03/16/05 954-659-2579		
COUNTY AND EXEMPTION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		