

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

158.75  
FILED

DOCUMENT # P04000171787

1. Entity Name  
META,USA, INC.



2006 JAN -6 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2655 LEJEUNE ROAD SUITE 507  
CORAL GABLES, FL 33134

Mailing Address  
2655 LEJEUNE ROAD SUITE 507  
CORAL GABLES, FL 33134

*Handwritten initials*



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0664282

☒ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132

**DO NOT WRITE  
IN THIS SPACE**

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

100064020681  
01/19/06--01010--002 \*\*317.50

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SALINAS, ROBERTO  
STREET ADDRESS 2655 LEJEUNE ROAD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V  
NAME TORRES, CARMEN  
STREET ADDRESS 2655 LEJEUNE ROAD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S  
NAME SALINAS, JUAN  
STREET ADDRESS 2655 LEJEUNE ROAD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE T  
NAME LOURO, MARIA  
STREET ADDRESS 2655 LEJEUNE ROAD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

1/6/06