2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005705

LOESCH, DOLORES

1400 NW 15TH CT., #204

BOCA RATON, FL 334861176

Name:

Address:

City-St-Zip:

Entity Name: METRO NEW HOMES & INTERIORS, INC.

FILED Jul 12, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:		
6108 S. DI	XIE HWY						
	LM BEACH, FL	33405	US				
Current Mailing Address:					New Mailing Address:		
6108 S. DI	XIE HWY				6108 S. DIXIE HWY		
#4 WEST PAI	EST PALM BEACH, FL 33405 US				SUITE 4 AND 5 WEST PALM BEACH, FL 33405 US		
FEI Number:	52-2449238	FEI Numb	per Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
RECALT, I 6108 S. DI #5 WEST PAI		33405 L	US				
	named entity su e of Florida.	ubmits thi	is statement for the p	ourpose of	changing its registered	office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				ent		Date	
	ce with s. 607.193(, the corporation did no	ot receive th	ne prior notice.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () E RECALT, ARNAL 327 ELLAMAR R WEST PALM BE/	D	3405 US		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () E WALZER, MARK 9208 NW 73RD S TAMARAC, FL 33	ST			Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	P () E DELGARDIO-REG 327 ELLAMAR R WEST PALM BE	OAD			Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	D ()	Delete			Title: () Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA DELGARDIO RECALT P 07/12/2008