


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90007 017 ***150.00

DOCUMENT # P05000100191

1. Entity Name
METRUM UNLIMITED USA CORP.



Principal Place of Business
14711 SW 60TH. TERRACE
MIAMI, FL 33193 US

Mailing Address
14711 SW 60TH. TERRACE
MIAMI, FL 33193 US

2. Principal Place of Business
10850 SW 113th PLACE

3. Mailing Address
10850 SW 113th PLACE


Suite, Apt. #, etc.
SUITE 215

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33176-3283

Country
USA



04042006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3190745

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARISMENDY-DIAZ, EMMA A
14711 SW 60TH. TERRACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name
ARISMENDY DIAZ, EMMA A

Street Address (P.O. Box Number is Not Acceptable)
10850 SW 113th PLACE

SUITE 215

City
MIAMI

FL Zip Code
33176-3283

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 *Arismendy Diaz* **02/07/2006**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARISMENDY-DIAZ, EMMA A 14711 SW 60TH. TERRACE MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ MARTIN-CARO, JOSE L 14711 SW 60TH. TERRACE MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARISMENDY DIAZ, EMMA A 10850 SW 113th PLACE SUITE 215 MIAMI, FLORIDA 33176-3283	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ MARTIN-CARO, JOSE LUIS 10850 SW 113th PLACE SUITE 215 MIAMI, FLORIDA 33176-3283	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Arismendy Diaz* **02/07/2006** **(305) 412-5512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #