

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 024 ***150.00

| | |
|---|---|
| DOCUMENT # P05000100191 1. Entity Name METRUM UNLIMITED USA CORP. |  |
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|---|---|
| Principal Place of Business 10850 SW 113TH PL STE 215 MIAMI, FL 33176-3283 US | Mailing Address 10850 SW 113TH PL STE 215 MIAMI, FL 33176-3283 US |
|---|---|

10007103



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|--|--|
| 2. Principal Place of Business - No P.O. Box # 13550 N Kendall Drive | 3. Mailing Address 12973 SW 112TH Street |
| Suite, Apt. #, etc. 236A | Suite, Apt. #, etc. 278 |

04092008 Chg-P CR2E034 (12/06)

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|---------------------------------|---------------------------------|------------------------------------|--|
| City & State Miami FL | City & State Miami FL | 4. FEI Number 20-3190745 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|---------------------------------|------------------------------------|--|

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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33186 | Country USA | Zip 33186 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent ARISMENDY-DIAZ, EMMA A 10850 SW 113TH PL STE 215 MIAMI, FL 33176-3283 | 7. Name and Address of New Registered Agent Name Arismendy-Diaz, Emma A Street Address (P.O. Box Number is Not Acceptable) 13550 N Kendall Drive Suite 236A City Miami FL Zip Code 33186 |
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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: *Emma Arismendy Diaz* 04/01/2008
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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | ARISMENDY-DIAZ, EMMA A |
| STREET ADDRESS | 10850 SW 113TH PL STE 215 |
| CITY-ST-ZIP | MIAMI, FL 331763283 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | SANCHEZ MARTIN-CARO, JOSE LUIS |
| STREET ADDRESS | 10850 SW 113TH PL STE 215 |
| CITY-ST-ZIP | MIAMI, FL 331763283 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARISMENDY-DIAZ, EMMA A |
| STREET ADDRESS | 13550 N KENDALL DRIVE SUITE 236A |
| CITY-ST-ZIP | MIAMI FL 33186 |
| TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ MARTIN-CARO, JOSE LUIS |
| STREET ADDRESS | 13550 N KENDALL DRIVE SUITE 236A |
| CITY-ST-ZIP | MIAMI FL 33186 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Emma Arismendy Diaz* 04/01/2008 786-897-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #