


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 025 ***150.00

DOCUMENT # P05000115953	
1. Entity Name METROCENTRE GP, INC.	

Principal Place of Business 5101 NW 21ST AVE. SUITE 300 FORT LAUDERDALE, FL 33309	Mailing Address 5101 NW 21ST AVE. SUITE 300 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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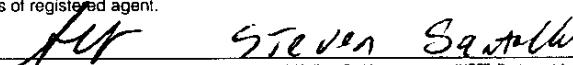
Zip	Country	Zip	Country
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02232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3357742	Applied For Not Applicable
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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 SANTOLLA, STEVEN A 2455 E. SUNRISE BLVD, SUITE AR-1 FORT LAUDERDALE, FL 33304-SANT	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5101 N.W. 21st Ave #300 City Fort Lauderdale FL Zip Code 33309
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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  Signature typed or printed name of registered agent and title if applicable.	DATE 3-2-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOLLA, STEVEN A 2455 E. SUNRISE BLVD, SUITE AR-1 FORT LAUDERDALE, FL 33304SANT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5101 N.W. 21st Ave #300 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIHAN, THOMAS 2455 E. SUNRISE BLVD, SUITE AR-1 FORT LAUDERDALE, FL 33304SANT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5101 N.W. 21st Ave #300 Fort Lauderdale, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3-2-07 9544814425 Daytime Phone #