2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 25, 2008 08:00 All Secretary of State **DOCUMENT # P06000015633** METRO FEDERAL PATROL, INC. Principal Place of Business Mailing Address 370 FLAGLAMI BLVD. 370 FLAGLAMI BLVD. MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (11/05) 02192008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4249487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HERNANDEZ, JOSE 370 FLAGLAMI BLVD. MIAMI, FL 33144 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS VSD TITLE HERNANDEZ, JOSE NAME STREET ADDRESS 370 FLAGLAMI BLVD. CITY-ST-ZIP MIAMI, FL 33144 000000839227 03/05/08-80059-025 150.00 TITLE NAME HERNANDEZ, ISIS STREET ADDRESS 370 FLAGLAMI BLVD. CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 libe empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED