


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000003104
 1. Entity Name
METROMALL PARTNERS, INC.



Principal Place of Business: **169 E. FLAGLER STREET SUITE 1600 MIAMI FL 33131**
 Mailing Address: **169 E. FLAGLER STREET SUITE 1600 MIAMI FL 33131**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number **65-0453061** Applied For Not Applicable

6. Name and Address of Current Registered Agent

**ISIDORO, LERMAN
 48 E FLAGLER ST.
 PENTHOUSE 101
 MIAMI FL 33131**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reactivating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LINDENFELD, ELSA 169 E. FLAGLER ST., #1600 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add 000000448270 01/09/06-80006-014 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LINDENFELD, DANYA 169 E. FLAGLER ST., #1600 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RFSSE ER, GARY 169 E. FLAGLER ST #1600 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E. Lindenfeld pres. det 2/21/06