


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
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
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04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0453061	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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ISIDORO, LERMAN 48 E FLAGLER ST. PENTHOUSE 101 MIAMI, FL 33131

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDENFELD, ELSA 169 E. FLAGLER ST., #1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDENFELD, DANYA 169 E. FLAGLER ST., #1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RESSLER, GARY 169 E. FLAGLER ST #1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80049-011 150.00

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:  **Danya Lindendorf** **4/20/07** **305 374 3677**

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