


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90085 008 ***150.00

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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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0453061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$350.00**

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

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Lindenfeld** **4/16/08** **205 3743677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #