

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90366 006 \*\*\*158.75


40074021



04272006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0549341** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

<b>DOCUMENT # P94000088828</b>					
1. Entity Name <b>METRO TERRA, INC.</b>					
Principal Place of Business <b>9845 NW 118 WAY MEDLEY, FL 33178</b>			Mailing Address <b>9845 NW 118 WAY MEDLEY, FL 33178</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FERNANDEZ, JORGE 9845 NW 118 WAY MEDLEY, FL 33178</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>FERNANDEZ, JORGE</b>				
STREET ADDRESS	<b>9845 NW 118 WAY</b>				
CITY-ST-ZIP	<b>MEDLEY, FL 33178</b>				
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>KOCIK, JUREK</b>				
STREET ADDRESS	<b>9845 NW 118 WAY</b>				
CITY-ST-ZIP	<b>MEDLEY, FL 33178</b>				
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>ARIAS, FERNANDO</b>				
STREET ADDRESS	<b>9845 NW 118 WAY</b>				
CITY-ST-ZIP	<b>MEDLEY, FL 33178</b>				
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>DIAZ, PABLO</b>				
STREET ADDRESS	<b>9845 NW 118 WAY</b>				
CITY-ST-ZIP	<b>MEDLEY, FL 33178</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 like empowered.					
SIGNATURE: <u>JORGE FERNANDEZ</u> 4-27-06 305 855 0000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					