2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 08, 2008 8:00 am Secretary of State DOCUMENT # P96000007447 07-08-2008 90002 001 ***150.00 1. Entity Name 07-08-2008 90002 002 *****8.75 METRO REALTY SERVICES, INC. Principal Place of Business Mailing Address 1786 N.W. 55 AVE OFFICE 1786 N.W. 55 AVE OFFICE 66015083 FORT LAUDERDALE, FL 33313 FORT LAUDERDALE, FL 33313 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022008 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 65-0643895 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 1786 NW 55 AVE LAUDERHILL, FL 33313 City Zip Code FL of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity symmits his statement for e purpose the obligations of ry SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCDONOUGH, RICHARD W. NAME STREET ADDRESS STREET ADDRESS 1786 NW 55 AVE CITY ST-ZIP LAUDERHILL, FL 33313 CITY ST ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST ZIP 12. Thereby certify that the information supplies 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 poort is true and accurate and trait my sunature 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 true ee empowered to execute this report as equired by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachmen SIGNATURE:

FILED

Daytime Phone #