

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90001 041 \*\*\*150.00

**DOCUMENT # P96000075621**

1. Entity Name  
**METROPOLITAN DESIGN, INC.**



Principal Place of Business  
**PO BOX 403698  
MIAMI BEACH, FL 33140**

Mailing Address  
**PO BOX 403698  
MIAMI BEACH, FL 33140**

**50025611**

2. Principal Place of Business  
**P.O. Box 35305**

3. Mailing Address  
**P.O. Box 2580 W. Bay Lake Rd SE**

Suite, Apt. #, etc.  
**St. Petersburg, FL**

Suite, Apt. #, etc.  
**St. Petersburg, FL**

08162006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**65-0692963**

Applied For  
Not Applicable

Zip  
**33705**

Country  
**USA**

Zip  
**33705**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**LYNCH, PATRICIA  
5946 NE 5TH AVE  
MIAMI, FL 33137**

**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 **Patricia Lynch, PD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Aug. 16, 2006**

DATE

**FILE NOW!!! - FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **LYNCH, PATRICIA A**  
STREET ADDRESS **5946 NE 5TH AVE**  
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Patricia Lynch** **PATRICIA LYNCH** **Aug 16 2006** **305.772.0995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #