## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000022992

1. Entity Name

METRO DISPOSAL PROPERTIES, INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

8010 N.W. 56TH STREET

MIAMI, FL 33166

Mailing Address

5340 SW 98 CT MIAMI, FL 33165



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Status Desired Sand Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MANUEL A 2665 SOUTH BAYSHORE DRIVE SUITE 1100 MIAMI, FL 33133

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when (einstailing) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ONOFRIO, ARTHUR M 2114 GRANADA BLVD CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT. DAVID 5340 SW 98 CT MIAMI, FL 33165				U00000577831 01/09/07-80005-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 ceth; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

305-547-6014

Daytime P