2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000056269

1. Entity Name
METROPOLITAN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
17 EAST FLAGLER STREET SUITE 111 MIAMI, FL 33131	P O BOX 13351 MIAMI, FL 33101 US

DO NOT WRITE IN THIS SPACE

04212005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0763200	Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, THELMA
17 E FLAGLER ST.
#111
MIAMI, FL 33131

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	SHERMAN, THELMA
STREET ADDRESS	17 E FLAGLER ST., #111
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
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04/25/05-80163-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Thelma Sherman 4/22/05 305 3750720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #