2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000079605

1. Entity Name
METRO BUSINESS CENTRE, INC.

Principal Place of Business	Mailing Address
10364 SOUTHWEST 128 TERRACE MIAMI, FL 33176	10364 SOUTHWEST 128 TERRACE MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

01062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0325751	Not Applicable

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

6. Name and Address of Current Registered Agent

SHARP, BYRON
10364 SW 128TH TERR
MIAMI, FL 33176

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.
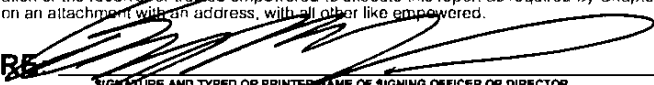
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

1100000683256
04/05/07-80037-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARP, BYRON
STREET ADDRESS	10364 SOUTHWEST 128 TERRACE
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 _____   3-26-07   305 255___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #