FROM :

FAX NO. :

FILED
Aug 01, 2005 8:00 am
Secretary of State
07-07-2005 90002 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000038987

1. Entity Name
METRO CARE STORE, INC.

66025289

Principal Place of Business	Mailing Address
P O BOX 812679 BOCA RATON, FL 33481	P O BOX 812679 BOCA RATON, FL 33481

DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0836328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TILLEY, MICHAEL R
200 GLADES ROAD STE 208
BOCA RATON, FL 33431

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

FILE NOW!! FEE IS $150.00
Due by September 7, 2005

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	PVST
NAME	GLADSTONE, ARLINE
STREET ADDRESS	P O BOX 812679
CITY-ST-ZIP	BOCA RATON, FL 33481
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	

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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: Arline Gladstone 6/30/05
ENTER NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

ATTACHMENT
060025289

Elizabeth A. Wilsman, P.A.
Certified Public Accountant

Member AICPA
Member FICPA

July 27, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32314

RE: Metro Care Store, Inc. Corporate Annual Report
#P98000038987

Dear Sir or Madam:

We are responding to your notice dated July 11, 2005 with regards to the above-mentioned client.

Our office files the Corporation Annual Reports for Metro Care Store, Inc. After our client received the second notice, we reviewed our files and found that the client never received the First Notice.

We respectfully request that you abate the late charges and process the enclosed resubmitted report as soon as possible.

We apologize for the inconvenience this may have caused your office and our client.

Sincerely,

Elizabeth A. Wilsman

Elizabeth A. Wilsman
Certified Public Accountant

Encl.
CC: Metro Care Store, Inc.

190 West Palmetto Park Road • Boca Raton, Florida 33432 • (561) 392-8612 • Fax (561) 392-7970