


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90028 040 \*\*\*150.00

<b>DOCUMENT # P99000006808</b>	
1. Entity Name <b>METRO REALTY OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>16105 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33162</b>	Mailing Address <b>16105 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33162</b>
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**50056411**

2. Principal Place of Business <b>8614 W. STATE Rd 84</b>	3. Mailing Address <b>8614 W. ST. Rd 84</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07132005 Chg-P CR2E034 (10/03)

City & State <b>DAVIE, FL</b>	City & State <b>DAVIE FL</b>
Zip <b>33324</b>	Country
Country	Zip <b>33324</b>

4. FEI Number <b>65-0890543</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RONES, VICTOR 16105 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33162</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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  **7-14-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RONES, VICTOR 16105 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MILLMAN, HARRIS 16105 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changed.

SIGNATURE:  **HARRIS M. MILLMAN, PRES.** **7-14-05** **305-992-6445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #