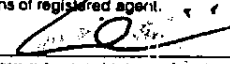


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

03-26-2004 90032 039 *****61.27
05-10-2004 90460 031 *****97.48

DOCUMENT # P99000041605 1. Entity Name METRO ESPRESSO, INC.					
Principal Place of Business 417 E. CENTRAL BLVD. ORLANDO, FL 32801				Mailing Address 417 E. CENTRAL BLVD. ORLANDO, FL 32801	
2. Principal Place of Business 3627 Bobolink Lane		3. Mailing Address 3627 Bobolink Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3574558	
Zip 32803		Country Orange		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIBRIAN, LISA M 417 E. CENTRAL BLVD. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3627 Bobolink Lane City Orlando FL Zip Code 32803			
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 		President		March 8, 2004	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIBRIAN, LISA M ☐ Delete 417 E. CENTRAL BLVD. ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cibrian, Lisa M. ☒ Change ☐ Addition 3627 Bobolink Lane Orlando, Florida 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIBRIAN, A. MANNY ☐ Delete 14480 DOVER FOREST DR ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIBRIAN, CAROLYN S ☐ Delete 14480 DOVER FOREST DR ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.					
SIGNATURE: 		Lisa M. Cibrian		March 8, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					