# above, or on an attachment with all other like empowered.

# SIGNATURE: MONICA ORDONEZ

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031621

Entity Name: METROPOLITAN 2107, INC.

#### **Current Principal Place of Business:**

1643 BRICKELL AVENUE 2303 MIAMI, FL 33129

#### **Current Mailing Address:**

**1643 BRICKELL AVENUE** 2303 MIAMI, FL 33129 US

### FEI Number: 20-4494615

# Name and Address of Current Registered Agent:

CHAVARRO, CARLOS A 141 CRANDON BLVD 234 KEY BISCAYNE, FL 33149 US

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.

SIGNATURE	CARLOS A CHAVARRO		03/12/2	015
	Electronic Signature of Registered Agent		Date	;
Officer/Dired	ctor Detail :			
Title	PD	Title	VPD	
Name	ORDONEZ, HERNANDO	Name	ORDONEZ, MARCELA	
Address	1643 BRICKELL AVENUE STE 2303	Address	1643 BRICKELL AVENUE STE 2303	
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129	
Title	S			
Name	ORDONEZ, MONICA			
Address	1643 BRICKELL AVENUE STE 2303			
City-State-Zip:	MIAMI FL 33129			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

03/12/2015

Date

#### FILED Mar 12, 2015 Secretary of State CC4397663293

Certificate of Status Desired: No