


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # P02000073170

1. Entity Name
METRO ASSET MANAGEMENT, INC.



| | |
|---|---|
| Principal Place of Business 720 TURKEY OAK LANE NAPLES, FL 34108 | Mailing Address 720 TURKEY OAK LANE NAPLES, FL 34108 |
|---|---|



DO NOT WRITE IN THIS SPACE

03062007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 31-1634284 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BIALEK, JOSHUA
 5801 PELICAN BAY BLVD STE 300
 NAPLES, FL 34108-2709**

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

**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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST METRO, PATRICK S 720 TURKEY OAK LANE NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD METRO, PATRICK S 720 TURKEY OAK LANE NAPLES, FL 34108 |
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000000660659
 03/20/07-80009-014-150.00

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: Patrick S Metro **3/6/07 (239) 5142712**

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