2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004120

1. Entity Name

METROPOLITAN FUNDING CORP.



Principal Place of Business

6 EAST 45TH STREET

2ND FL

NEW YORK, NY 10017

SIGNATURE:

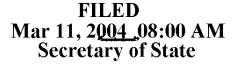
Mailing Address

6 EAST 45TH STREET

2ND FL

DO NOT WRITE IN THIS SPACE

NEW YORK, NY 10017





03042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 51-0335075

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

3/5/04

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 lamiliar with, and accept the obligations of registered agent.					
SKGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when relocating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🛘	\$5.00 May Be Added to Fees	· -
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRESSMAN, HADLEY 6 EAST 45TH STREET, 2ND FL NEW YORK, NY				U00000084710
TRILE NAME STREET ADDRESS CRY-ST-ZIP	V BUSEL, EILEEN G 16461 VIA VENETIA EAST DELRAY BEACH, FL				03/11/04-80017-009 150.00
TITLE NAME STREET ADDRESS CRY-ST-2IP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-SI-ZIP				IN .	THIS SPACE
THLE NAME STREET ADDRESS CITY-ST-ZIP					
IFILE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 supplierpental report is true and activities 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 trustal 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.					