2005 FOR PROFIT CORPORATION

Feb 14, 2005 8:00 am Secretary of State **ANNUAL REPORT** 02-14-2005 90062 045 ***150.00 DOCUMENT # G75674 METRO BANK OF DADE COUNTY 40018506 Principal Place of Business Mailing Address 9350 S DIXIE HWY 9350 S DIXIE HWY FLOOR 11 FLOOR 11 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042005 CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For 59-2360317 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. POFO TITLE TITLE Delete BRIER, CHARLES E NAME NAME 9350 S DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition MINTZ, LAWRENCE NAME NAME STREET ADDRESS 9350 S DIXIE HWY STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP MIAMI, FL .33156 KI Change TITLE ☐ Delete TITLE ■ Addition HAVENICK, FRED S NAME NAME 9350 S Dixie Hwy. STREET ADDRESS 369 LEUCADENDRA DR STREET ADDRESS MiaminFL 33156 CORAL GABLES: PL CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition LEDER, NATHAN I NAME NAME 9350 S. Dixie HWY 10240 3W 120TH ST STREET ADDRESS STREET ADDRESS Miami, FL 33166 MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE DELELLA, DIANE NAME NAME STREET ADDRESS 9350 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SCHEINER, J. DAVID NAME STREET ADDRESS 9350 S. DIXIE HWY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156

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:

NING OFFICER OR DIRECTOR

FILED