

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90062 045 ***150.00

DOCUMENT # G75674

1. Entity Name
METRO BANK OF DADE COUNTY



Principal Place of Business
 9350 S DIXIE HWY
 FLOOR 11
 MIAMI, FL 33156

Mailing Address
 9350 S DIXIE HWY
 FLOOR 11
 MIAMI, FL 33156

40018506



02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country Zip Country

4. FEI Number
59-2360317

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ 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, 2005 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	PCEO BRIER, CHARLES E	<input type="checkbox"/> Delete
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME	D MINTZ, LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME	CD HAVENICK, FRED S	<input type="checkbox"/> Delete
STREET ADDRESS	368 LEUCADENDRA DR	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE NAME	VC LEDER, NATHAN I	<input type="checkbox"/> Delete
STREET ADDRESS	10240 SW 120TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE NAME	S DELELLA, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME	D SCHEINER, J. DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	9350 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9350 S Dixie Hwy	
CITY-ST-ZIP	Miami, FL 33156	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9350 S. Dixie Hwy	
CITY-ST-ZIP	Miami, FL 33156	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Diane DeBella* **2/14/5 305 233 1377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #