2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G75674

1. Entity Name
METRO BANK OF DADE COUNTY

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

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000047317
04/08/06-80034-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	BRIER, CHARLES E
STREET ADDRESS	9350 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	MINTZ, LAWRENCE
STREET ADDRESS	9350 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	CD
NAME	HAVENICK, FRED S
STREET ADDRESS	9350 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VC
NAME	LEDER, NATHAN I
STREET ADDRESS	9350 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	DELELLA, DIANE
STREET ADDRESS	9350 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	SCHEINER, J. DAVID
STREET ADDRESS	9350 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156

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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: Diane DeBella 3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #