


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 9350 S DIXIE HWY FLOOR 11 MIAMI, FL 33156	Mailing Address 9350 S DIXIE HWY FLOOR 11 MIAMI, FL 33156
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03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2360317	Applied For Not Applicable
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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 _____ 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, 2008 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	PCEO BRIER, CHARLES E 9350 S DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, LAWRENCE 9350 S DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO HAVENICK, FRED S 9350 S. DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LEDER, NATHAN I 9350 S. DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELELLA, DIANE 9350 S DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEINER, J. DAVID 9350 S. DIXIE HWY MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04/08/06-80034-015 150.00

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