

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75674

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: METRO BANK OF DADE COUNTY

## Current Principal Place of Business:

9350 S DIXIE HWY  
FLOOR 11  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

9350 S DIXIE HWY  
FLOOR 11  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 59-2360317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: BRIER, CHARLES E  
Address: 9350 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: MINTZ, LAWRENCE  
Address: 9350 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: CD ( ) Delete  
Name: SCHEINER, DAVID J  
Address: 9350 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: VC ( ) Delete  
Name: LEDER, NATHAN I  
Address: 9350 S. DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete  
Name: DELELLA, DIANE  
Address: 9350 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: HAVENICK, ALEXANDER  
Address: 9350 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE DELELLA

MS

02/26/2009

Electronic Signature of Signing Officer or Director

Date