


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000090097 1. Entity Name METROPOLITAN FINANCIAL CORP.	
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Principal Place of Business 300 NW 82ND AVE SUITE 506 PLANTATION, FL 33324	Mailing Address 300 NW 82ND AVE SUITE 506 PLANTATION, FL 33324
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03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1044355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWN, GARY L
4000 HOLLYWOOD BLVD.
SUITE 265 SOUTH
HOLLYWOOD, FL 33021

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZUCKERMAN, STEVEN 300 NW 82 AVE # 506 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ZUCKERMAN, MICHAEL 300 NW 82 AVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZUCKERMAN, LARRY 300 NW 82 AVE # 506 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZUCKERMAN, ANDREW 300 NW 82 AVE # 506 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZUCKERMAN, DAVID 300 NW 82 AVE # 506 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000102541
04/05/04-80018-024 150.00

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IN THIS SPACE**

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:  Steven Zuckerman 4/5/04 954-474-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #