

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90028 003 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000087994			
1. Entity Name METRO CONTRACTING CORPORATION			
Principal Place of Business 1980 SOUTH OCEAN DRIVE 14-G HALLANDALE, FL 33009		Mailing Address 1980 SOUTH OCEAN DRIVE 14-G HALLANDALE, FL 33009	
2. Principal Place of Business 15849 SW 69 Ln		3. Mailing Address 15849 SW 69 Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33193	Country USA	Zip 33193	Country USA
6. Name and Address of Current Registered Agent LIEBERMAN, ARNOLD 1760 SW 68 AVENUE PLANTATION, FL 33317		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, MANUEL 2066 SW 103 PLACE MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOS, VERENA PO BOX 960471 MIAMI, FL 33296 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/28/04 (305) 613-3229 Day Daytime Phone #	

Attachment
24006148
PO1000087994

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

VERENA MARCOS,

GENERAL JURISDICTION DIVISION

Plaintiff,

CASE NO.: 03-20492 CA 02

VS.

MANUEL CRUZ,

Defendant.

AGREED ORDER ON PRELIMINARY INJUNCTION

This matter having come before the court upon the Plaintiff's preliminary injunctive relief claim, Count IV of the Amended Complaint, the parties having stipulated and agreed to the terms of this order, it is hereby;

ORDERED AND ADJUDGED THAT:

1. Manuel Cruz, the Defendant, is hereby forthwith removed as an officer, director, bank signatory and otherwise as agent of Metro Contracting Corporation.
2. Verena Marcos is appointed President of Metro Contracting Corporation and sole bank signatory of all corporate accounts, pendent lite pursuant to § 607.1432 Fla. Statutes to oversee the operations of Metro Contracting Corporation and to preserve its assets until such time as a final accounting is completed.
3. Manuel Cruz is hereby ordered to surrender, with ten days of this Order, all corporate minute books, contracts, records, bank statements, checks or other documents belonging to Metro including without limitation, all deeds, mortgages, closing papers, closing statements, bank records, checks and other documents relating to the purchase and sale of any real or personal property owned or held by Manuel Cruz individually, or the corporation, Metro Contracting

ROBERTO VILLASANTE, P.A.

44 West Flagler Street Suite 1700, Miami, FL 331230 (305) 373 6540

Attachment
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Corporation for the period from January 1, 2000 to the date of this order.

4. Verena Marcos, as acting president and designated authorized agent of the corporation is hereby ordered to preserve the assets of the corporation and take steps as may be necessary to complete ongoing transactions of the corporate entity until a final accounting is completed.

5. The court reserves jurisdiction for all purposes.

DONE AND ORDERED in chambers at Miami-Dade County, Florida, this ____ day of
~~November~~, 2003.

DEC 01 2003

RONALD M. FRIEDMAN

CIRCUIT COURT JUDGE

Attachment
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Form **8822**
(Rev. December 2003)
Department of the Treasury
Internal Revenue Service

Change of Address

▶ Please type or print.

OMB No. 1545-1163

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)

▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

15849 SW 69Ln Miami FI 33193

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)

9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)

10 ☒ Business location

11a Business name

11b Employer identification number

Metro Contracting Corporation

65 1142991

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

1980 South Ocean Drive 14G Hallandale FI 33009

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

15849 SW 69 Ln Miami FI 33193

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

15849 SW 69 Ln Miami FI 33193

Part III Signature

Daytime telephone number of person to contact (optional) ▶ (305) 613-3229

Sign
Here

Your signature

Date

If joint return, spouse's signature

Date

If Part II completed, signature of owner, officer, or representative Date

Title

[Signature]
President
1/28/04