

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

02-02-2004 90028 003 \*\*\*150.00

4006148

**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.

01162004 Chg-P CR2E034 (10/03)

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number  
**65-1142991**

Applied For  
Not Applicable

Zip

**33193**

Country

**USA**

Zip

**33193**

Country

**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LIEBERMAN, ARNOLD  
1760 SW 68 AVENUE  
PLANTATION, FL 33317**

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

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.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**PD  
CRUZ, MANUEL  
2066 SW 103 PLACE  
MIAMI, FL 33165**

Delete

**D  
MARCOS, VERENA  
PO BOX 960471  
MIAMI, FL 33296**

Delete

Delete

Delete

Delete

Delete

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 (305)613-3229  
Date Daytime Phone #

Attachment  
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IN THE CIRCUIT COURT OF THE 11<sup>TH</sup>  
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

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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

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**CIRCUIT COURT JUDGE**

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Attachment  
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Form **8822**

(Rev. December 2003)

Department of the Treasury

Internal Revenue Service

## Change of Address

OMB No. 1545-1163

► Please type or print.

► 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 names(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. 15849 SW 69Ln Miami FL 33193	Apt. no.

### 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 Metro Contracting Corporation	11b Employer identification number 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. 1980 South Ocean Drive 14G Hallandale FL 33009	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 15849 SW 69 Ln Miami FL 33193	Room or suite no.
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. 15849 SW 69 Ln Miami FL 33193	Room or suite no.

### Part III Signature

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

Sign  
Here

► Your signature

Date

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

► If joint return, spouse's signature

Date

Title