


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90023 031 \*\*\*150.00

DOCUMENT # P03000059368			
1. Entity Name METRO FAB, INC.			
Principal Place of Business 1090 NW 53RD STREET FT. LAUDERDALE, FL 33309		Mailing Address 1090 NW 53RD STREET FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 3930 NE 5TH AVE Suite, Apt. #, etc.		3. Mailing Address 3930 NE 5TH AVE Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL	
Zip 33334		Country USA	
4. FEI Number 90-0097100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONUSO, FRANK N 1090 NW 53RD STREET FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3930 NE 5TH AVE City OAKLAND PARK FL Zip Code 33334	
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: FRANK N. BONUSO <i>Frank N Bonuso</i> DATE: 4/15/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	PS BONUSO, FRANK N 1090 NW 53RD STREET FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK N. BONUSO <input type="checkbox"/> Change <input type="checkbox"/> Addition 3930 NE 5TH AVE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BONUSO, JOSEPH F <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3930 NE 5TH AVE OAKLAND PARK, FL 33334
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
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
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
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: FRANK N. BONUSO <i>Frank N Bonuso</i>		Date: 4/15/2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	