

2004 FOR PROFIT CORPORATION ANNUAL REPORT


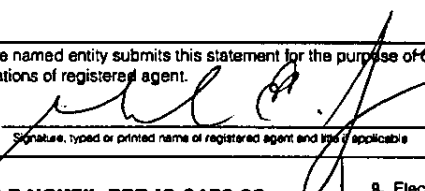

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-16-2004 90029 040 ***150.00

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01222004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000093459					
1. Entity Name METRO ASSET RECOVERY CORP.					
Principal Place of Business 9350 S DIXIE HWY FLR #11 MIAMI, FL 33156			Mailing Address 9350 S DIXIE HWY FLR #11 MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0546709	
				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 MOSS, GARY METRO BANK- 9350 S DIXIE HWY MIAMI, FL 33156			7. Name and Address of New Registered Agent Name BRIER, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 9350 S DIXIE HWY City MIAMI FL Zip Code 33156		
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  Charles E. Brier, President 2/23/04 (NOTE: Registered Agent signature required when reinstating) & CEO 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	D MOSS, GARY D <input checked="" type="checkbox"/> Delete 9350 S DIXIE HWY MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BRIER, CHARLES E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9350 S DIXIE HWY MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DELELLA, DIANE <input type="checkbox"/> Delete 9350 S DIXIE HWY MIAMI, FL 33156		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	
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: 			2/10/04 305-2331377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		