## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000138034

28479 VILLAGEWALK

BONITA SPRINGS, FL 34135

Address: City-St-Zip:

Entity Name: ALUPRO CONSTRUCTION GROUP, INC

FILED Jul 09, 2008 Secretary of State

Littly Nai	He. ALUFRO	CONSTRUCTION GROUP, IN	<b>J</b> .		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5020 CLAF # 417					
SARASOT	A, FL 34233				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5020 CLAF # 417 SARASOT	RK RD A, FL 34233				
FEI Number:	20-5811703	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CHECK MATE LICENSING SERVICE 4411 BEE RIDGE ROAD #257 SARASOTA, FL 34233 US			RYDZIK, KRZYSZTOF 28479 VILLAGEWALK BONITA SPRINGS, FL		
	named entity see of Florida.	submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KRZYSZTOF RYDZIK				07/09/2008	
	Electror	ic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) RYDZIK, KRZY 28479 VILLAGE BONITA SPRIN	EWALK	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NOWALSKI, AN 53795 WHITBY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	ST () KLAUDIA, RYD	Delete ZIK	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KRZYSZTOF RYDZIK P 07/09/2008