2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000117617

Entity Name: MENNA METAL WELDING & CONSTRUCTION LLC

Current Principal Place of Business:	**New Principal Place of Business:**
181 NW 97 AVE 109 MIAMI, FL 33172	3190 EAST 11 AVENUE HIALEAH, FL 33013

Current Mailing Address:	**New Mailing Address:**
181 NW 97 AVE 109 MIAMI, FL 33172	3190 EAST 11 AVENUE HIALEAH, FL 33013

FEI Number: FEI Number Applied For (X)   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RODRIGUEZ, SILVIA 5251 SW 7TH STREET MIAMI, FL 33134 US	IDANIA, MORALEJO 630 NE 15 STREET HOMESTEAD, FL 33030 US

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.

SIGNATURE: IDANIA MORALEJO   09/10/2007
_____
              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	MENNA, DARIO F	Name:	MENNA, DARIO F
Address:	2527 SW 2ND STREET	Address:	3190 EAST 11 AVENUE
City-St-Zip:	MIAMI, FL 33135	City-St-Zip:	HIALEAH, FL 33013
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	SARMIENTO, RONY A	Name:	CUELLAR, PAVEL
Address:	181 NW 97 AVE # 109	Address:	630 NE 15 STREET
City-St-Zip:	MIAMI, FL 33172	City-St-Zip:	HOMESTEAD, FL 33030

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DARIO FRANCISCO MENNA   MGRM   09/10/2007
_____
      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date