2 0 0 3 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 28, 2003 8:00 am Secretary of State

DOCUMENT # P01000060231 1. Entity Name Metro Contracting Solutions, Inc.					04-28-200	3 91518 (004 ***150.00
DO NOT WRITE IN THIS SPACE						,	
2. Principal Place of Business 3. Mailing Address 24000 Rampart Blvd. 24000 Rampart				Ind			
Suite, Apt. #, etc. Suite, Apt. #, etc			C DIV	DO NOT WRITE IN THIS SPACE		PACE	
115					4 SELMunios		The stind for
City & State Port Charlotte, FL		City & State Port Charlotte, FL			4. FEI Number 65–1122774		Applied For Not Applicable
Zip	Country	Zip	Соли		5. Certificate of Status Desired		8.75 Additional
33980	US	33980	I	IS	<u> </u>		ee Required
		7. Name and Address of Current Registered Agent Name					
DO NOT WRITE				Picca, Francesco Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				14809	Kimberly Ln.		
•	IIV TEILO OF	ACE					
		•	·,`	City Fort M	VAre	FL	Zip Code 33908
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.							
	,					.*	
SIGNATURE	Signature, typed or panted name of registered agent a	nd title if applicable. (NO	IF: Register	ed Agont signature require	d when reinstating)	DATE	
		After Ma Amendo Make Check Paya	y 1, Fee	ee is \$150.00 is \$550.00 is \$61.25 epartment of Sta	10. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees
11.	OFFICERS AND I	DIRECTORS		·.		-	
TITLE NAME	Picca, Francesco		TITE	i i			0/2
STREET ADDRESS				EET ADDRESS	\(\frac{a}{a}\)		
CITY-ST-ZIP	Fort Myers, FL 339		CITY	-ST-ZIP	·		F0348 (12)01
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STREET ADDRESS	Bennett, Joseph			ET ADDRESS			
CHY-ST-ZIP	24000 Rampart Blvd.		CITY	- ST- ZIP			
TITLE	Port Charlotte, FL 33980			E			
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CHY-SI-ZIP			i i	-ST-ZIP	DO NOT I	NRIT	E
TITLE			TITL				
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			
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· CITY-ST-ZIP		*****		-ST-ZIP ,	*		
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CITY+ST+ZIP				-ST-ZIP	and the second of the second o		4. COM
13. Thereby c	ertify that the information supplied with	his filing does not qualify fo	or the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes, I f	urther 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 eath; 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 11 or on an attachment with an address, with all other like empowered.