

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000020455

Entity Name: METRO CONSTRUCTION GROUP INC.

**FILED**  
**Apr 11, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

8679 PEGASUS DR.  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

8679 PEGASUS DR.  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 01-0604558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDALIA, CESAR R  
8679 PEGASUS DR.  
LEHIGH ACRES, FL 33177 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDALIA, CESAR R  
Address: 8679 PEGASUS DR.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: FERNANDEZ, ROLANDO VP  
Address: 3005 STANFORD RD  
City-St-Zip: WEST PALM BCH, FL 33405 PB

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.

SIGNATURE: CESAR R ANDALIA

PD

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date