

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117728

FILED
Apr 24, 2005
Secretary of State

Entity Name: METRO DESIGN & CONSTRUCTIONS, INC.

Current Principal Place of Business:

5401 S KIRKMAN ROAD STE 310
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7862 SAINT GILOS PL
ORLANDO, FL 32835

New Mailing Address:

7862 SAINT GILES PLACE
ORLANDO, FL 32835

FEI Number: 04-3721345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSHI, SAVITA
5401 S KIRKMAN ROAD STE 310
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: JOSHI, SAVITA
Address: 7862 ST GILES PLACE
City-St-Zip: ORLANDO, FL 32835

Title: VSD () Delete
Name: TAWILL, FARID J
Address: 145 N SPRING LAKE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAVITA JOSHI

PTD

04/24/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date