2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022209

Entity Name: SOUTHERN CONSTRUCTION SERVICES, INC.

FILED Jun 12, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1500 N FLO SUITE 17	DRIDA MANGO M BEACH, FL	ROAD			, p		
Current Mailing Address:				New Mailing Address:			
1500 N FLORIDA MANGO ROAD SUITE 17 WEST PALM BEACH, FL 33409							
FEI Number:	65-0823273	FEI Number Applied For ()	FEI Num	nber Not Appli	cable () Ce	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CASTRO, DOMINGO R 10301 MEDICIS PLACE WELLINGTON, FL 33467 US				CASTRO, DOMINGO R 837 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410 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: DOMINGO R. CASTRO				06/12/2006			
	Electronic	Signature of Registered Agent	t			Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	CASTRO, DOMIN 10301 MEDICIS F WELLINGTON, F	PLACE L 33467 Delete		Title: Name: Address: City-St-Zip: Title: Name: Address:	CASTRO, DOMING 837 HARBOUR ISL NORTH PALM BEA	ES PLACE	
City-St-Zip:	PEMBROKE PINE			City-St-Zip:			
Title: Name: Address: City-St-Zip:	RODRIGUEZ, OS	MANGO RD STE 8		Title: Name: Address: City-St-Zip:	RODRIGUEZ, OSC	MANGO ROAD, SUITE 17	
Title: Name: Address: City-St-Zip:	S/D () C CASTRO, THALL' 10301 MEDICIS I WELLINGTON, F	YGEE PLACE		Title: Name: Address: City-St-Zip:	S (X) Ch CASTRO, THALLYC 837 HARBOUR ISL NORTH PALM BEA	ES PLACE	
Title: Name: Address: City-St-Zip:	O/D () E TOLEDO, JOSE A 5869 SW 85TH S MIAMI, FL 33143	TREET		Title: Name: Address: City-St-Zip:	()Ch	ange ()Addition	
Title: Name: Address: City-St-Zip:	()[elete		Title: Name: Address: City-St-Zip:	D () Cho NOYES, KERRI A 37 RUSSELL STRE TEQUESTA, FL 33		

I hereby certify that the information supplied with this filing does not qualify for the 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.

	Flacture Circuit Circuit Office - Disease		D-1-
SIGNATURE:	DOMINGO R. CASTRO	Р	06/12/2006