2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000022209

5869 SW 85TH STREET

MIAMI, FL 33143

Address:

City-St-Zip:

Entity Name: SOUTHERN CONSTRUCTION SERVICES, INC

FILED Mar 27, 2007 Secretary of State

Thirty Hamer Good File No Gotto Hold Get No Edition Co.						
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
SUITE 17	ORIDA MANG					
WEST PAL	LM BEACH, F	L 33409				
Current M	ailing Addre	ss:	New Maili	New Mailing Address:		
SUITE 17	ORIDA MANG LM BEACH, F					
	65-0823273	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
837 HARB	DOMINGO R OUR ISLES F ALM BEACH,		1500 N FÉ SUITE 17	CASTRO, DOMINGO R 1500 N FLORIDA MANGO ROAD SUITE 17 WEST PALM BEACH, FL 33409 US		
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:			03/27/2007		
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	CASTRO, DON 837 HARBOUF NORTH PALM) Delete //IINGO R R ISLES PLACE BEACH, FL 33410) Delete	Title: Name: Address: City-St-Zip: Title:	CASTRO, DO 1500 N FLOR WEST PALM	X) Change () Addition MINGO R RIDA MANGO ROAD, SUITE 17 BEACH, FL 33409 () Change () Addition	
Name: Address: City-St-Zip:		OSCAR R IDA MANGO ROAD, SUITE 17 BEACH, FL 33409	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	CASTRO, THA 837 HARBOUF) Delete LLYGEE R ISLES PLACE BEACH, FL 33410	Title: Name: Address: City-St-Zip:	CASTRO, TH 1500 N FLOR	X) Change()Addition ALLYGEE RIDA MANGO RD, SUITE 17 BEACH, FL 33409	
Title: Name:	O/D (TOLEDO, JOS) Delete E A	Title: Name:	() Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: THALLYGEE CASTRO S 03/27/2007