

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90077 010 ****55.00

20035041




04122005 No Chg-LLC CP2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L02000016366

1. Entity Name
SPECIALIZED PRESTRESSED INDUSTRIES, LLC



Principal Place of Business 11405 NW 138TH ST. MIAMI, FL 33178	Mailing Address 11405 NW 138TH ST. MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VEGA, EMILIO R
 11405 NW 138TH ST
 MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRG VEGA, EMILIO R 11405 NW 138TH ST MIAMI, FL 33178
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Emilio R. Vega MAN 4/12/05 305-556-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #