## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000016366

1. Entity Name SPECIALIZED PRESTRESSED INDUSTRIES, LLC

**FILED** - Apr 24, 2006 08:00 AN **Secretary of State** 

Principal Place of Business 11405 NW 138TH ST.

MIAMI, FL 33178

Mailing Address 11405 NW 138TH ST.

MIAMI, FL 33178

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

VEGA, EMILIO R

## DO NOT WRITE

11405 NW 1381H S1 MIAMI, FL 33178		IN THIS SPACE		
	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or regis	tered agent, or both, in the State of Florida. I am famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tille if applicable.	(NOTE, Registered Agent signature requi	red when reinstating) DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006			, -
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGRG VEGA, EMILIO R 11405 NW 138TH ST MIAMI, FL 33178	, , , , , , , , , , , , , , , , , , ,	000000532057 05/06/06-80068-016 55.00 DO NOT WRITE	016 55.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP GITY-ST-ZIP			IN THIS SPACE	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

AUTHORIZED REPRESENTATIVE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O