2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023279

1. Entity Name
INTEGRAL CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
2100 NW 99 AVE MIAMI, FL 33172 US	2100 NW 99 AVE MIAMI, FL 33172 US

01192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0634086
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RINCON, ROBERTO
1990 NW 82 AVENUE
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PACANINS, CARLOS L
STREET ADDRESS	1990 NW 82 AVENUE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	LARA, FRANCISCO
STREET ADDRESS	1990 NW 82 AVENUE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	RINCON, ROBERTO
STREET ADDRESS	7990 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/06-80052-001 50.00

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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 2/15/06 (305) 500-9976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #