

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90023 031 ****50.00

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1. Entity Name
INTEGRAL CONSTRUCTION, LLC



60041820



01112007 Chg-LLC CR2E083 (12/06)

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

Mailing Address
2100 NW 99 AVE
MIAMI, FL 33172 US

2. Principal Place of Business - No P.O. Box #
1986 NW 82ND AVE
 Suite, Apt. #, etc.

3. Mailing Address
1986 NW 82ND AVE
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
USA

Zip
33126

Country
USA

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

CARLOS LUIS PACANINS
4117 PALM AIRE DRIVE WEST, UNIT B3
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PACANINS, CARLOS L 4117 PALM AIRE DRIVE WEST UNIT B3 POMPANO BEACH, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4/24/07** **(305) 594-7644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #