

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90014 031 \*\*\*150.00

DOCUMENT # L04000035670  
 1. Entity Name  
 TREJOS PAVING ENGINEERING, LLC



20037520



Principal Place of Business Mailing Address  
 17255 SOUTHWEST 95 AVENUE, SUITE C-257 17255 SOUTHWEST 95 AVENUE, SUITE C-257  
 MIAMI, FL 33156 MIAMI, FL 33156

2. Principal Place of Business 3. Mailing Address  
 11250 SW. 219 ST. 11250 S.W. 219 ST.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Miami, Fl. Miami, Fl.

Zip 33170 County U.S.A. Zip 33170 County U.S.A.

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1154482 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent  
 Name JORGE TREJOS.  
 Street Address (P.O. Box Number is Not Acceptable)  
 11250 S.W. 219 ST.  
 City Miami FL 33170

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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR <input type="checkbox"/> Delete	NAME TREJOS, JORGE L
STREET ADDRESS 17255 SOUTHWEST 95 AVENUE, SUITE C-257	CITY-ST-ZIP MIAMI, FL 33156
TITLE ST <input type="checkbox"/> Delete	NAME TREJOS, JORGE L
STREET ADDRESS 17255 SOUTHWEST 95 AVENUE, SUITE C-257	CITY-ST-ZIP MIAMI, FL 33156
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

10. ADDITIONS/CHANGES	
TITLE M.G.M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME TREJOS, JORGE L
STREET ADDRESS 11250 S.W. 219 ST.	CITY-ST-ZIP MIAMI, FL 33170
TITLE ST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TREJOS, JORGE L
STREET ADDRESS 11250 S.W. 219 ST.	CITY-ST-ZIP MIAMI, FL 33170
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

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: *Jorge Trejos* (PRESIDENT) Date: 4/15/05 Daytime Phone #