

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # L05000047713

1. Entity Name
FORTREX STRUCTURES LLC



Principal Place of Business

**9793 NW 91ST COURT
MEDLEY, FL 33178**

Mailing Address

**PO BOX 970857
MIAMI, FL 33197**

DO NOT WRITE IN THIS SPACE



02142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2836262

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, IGNACIO
20310 SW 92 AVENUE
MIAMI, FL 33189**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000771775
08/08/07-80008-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEREZ, IGNACIO
STREET ADDRESS	PO BOX 970857
CITY-ST-ZIP	MIAMI, FL 33197
TITLE	MGRM
NAME	PEREZ, ALAIN
STREET ADDRESS	9793 NW 91ST COURT
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	MGRM
NAME	PEREZ, ELIZABETH
STREET ADDRESS	9793 NW 91ST COURT
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	MGRM
NAME	PEREZ, BELKYS
STREET ADDRESS	9793 NW 91ST COURT
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	MGRM
NAME	GONZALEZ-NAVIA, JOSE
STREET ADDRESS	PO BOX 970667
CITY-ST-ZIP	MIAMI, FL 33197
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/1/07

Date

305-863-8551

Daytime Phone #