2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002469

1. Entity Name
INGENIERIAS ASOCIADAS USA, L.L.C.

Principal Place of Business	Mailing Address
3990 NW 132ND ST BAY K OPA LOCKA, FL 33054	3990 NW 132ND ST BAY K OPA LOCKA, FL 33054

04052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0915774
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEJANDRO RUBIO
3990 NW 132ND ST BAY K
OPA LOCKA, FL 33054

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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, required if this is a change; printed name of registered agent and title, if applicable. (NOTE: Registered agent signature is required when changing)

Filing Fee is $50.00
Due by May 1, 2005

U00000322227
04/22/05-80005-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ENCINALES, PATRICIA R
STREET ADDRESS	3990 NW 132ND ST BAY K
CITY ST ZIP	OPA LOCKA, FL 33054
TITLE	MGRM
NAME	ENCINALES, MONICA R
STREET ADDRESS	3990 NW 132ND ST BAY K
CITY ST ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: _____ 04/20th/05 3053037808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #