

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 3990 NW 132ND ST BAY K OPA LOCKA, FL 33054	Mailing Address 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

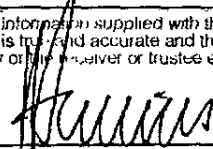
DO NOT WRITE IN THIS SPACE

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 agent and title (attachable)	DATE _____ (NOTE: Registered Agent signature required when rechartering)

**Filing Fee is \$50.00
Due by May 1, 2005**

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

000000322227 04/22/05-80005-002 50.00 DO NOT WRITE IN THIS SPACE
--

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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	County Phone #