	Form 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	Benefit Plan				2010				
Er	Department of Labor This form is required to be filed under sections 104 and 406 Retirement Income Security Act of 1974 (ERISA), and sec Internal Revenue Code (the Code).				n 6058(a) of the This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55							pection			
	Part I Annual Report Identification Information									
For	calendar plan year 2010 or fisca	7	0	and ending	2/31/2	2010				
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participar	nt plan			
Β -	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plar	year return/report (less than 12 mo	nths)	_				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m			
	special extension (enter description)									
		nation—enter all requested information	ation							
	Name of plan				1b	Three-digit plan number				
MJS	CONCRETE, INC. PROFIT SH	ARING PLAN				(PN)	001			
					1c	Effective date of 01/01/19	•			
	Plan sponsor's name and address. CONCRETE, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identif (EIN) 59-3170	ication Number			
	EVANS STREET				2c	Plan sponsor's te	elephone number			
	DO, FL 32765				2d	Business code (s 236200				
3a Plan administrator's name and address (if same as Plan sponsor, er M.J.S. CONCRETE, INC. 1575 EVANS				2")	3b	Administrator's E				
OVIEDO, FL					3c	Administrator's to 407-349	elephone number 0-5972			
4 If the name and/or EIN of the plan sponsor has changed since the last			st return/re	port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		40	PN				
5a	Total number of participants at	the beginning of the plan year			40 5a		24			
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				5a 5b		21			
	C Total number of participants at the end of the plan yearC Total number of participants with account balances as of the end of				50					
complete this item)					5c		21			
6a Were all of the plan's assets during the plan year invested in eligiblb Are you claiming a waiver of the annual examination and report of a							A Yes No			
a		e annual examination and report of a See instructions on waiver eligibility a					X Yes No			
		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year 330392		(b) End of Year				
a	I			0		366208				
b	1			33039	-	366208				
<u> </u>	· · ·	b from line 7a)	- 7c		-	4.) T				
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) T	otal			
u			8a(1)		0					
	(2) Participants		8a(2)		D					
	(3) Others (including rollovers)		8a(3)		0					
b			-	3938	0					
C		Ba(2), 8a(3), and 8b)	8c				39380			
d	· · · · ·	ollovers and insurance premiums	8d	60	6					
е	· ,	provide benefits)			0					
f		dministrative service providers (salaries, fees, commissions)			0					
g	•			0050						
h	•	3e, 8f, and 8g)	U				3564			
i		8h from line 8c)					35816			
j	Transfers to (from) the plan (se	e instructions)	8j		0					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 101 101 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 101 X f Has the plan failed to provide any benefit when due under the plan? 106 X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 101 X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 101 X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 101 X 12 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500). Yes X 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes X 14 Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) Month								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 250.101-3.) g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								
on line 10a.)								
c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) Image: control of the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) Image: control of the plan have any participant loans? (If "Yes," enter amount as of year end.) Image: control of the plan have any participant loans? (If "Yes," enter amount as of year end.) f If the was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Image: control of the plan have any participant loans? (If "Yes," see instructions and complete Schedule SB (Form								
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)								
Image the plan haled to provide any benefit when due under the plan? 10f Image plan have any participant loans? (If "Yes," enter amount as of year end.)								
g Did the plan have any participant loans? (If "Yes," enter amount as or year end.)								
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exceptions to providing the notice applied under 29 CFR 2520.101-3								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes								
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b Enter the minimum required contribution for this plan year	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
c Enter the minimum fequred contribution for this plan year								
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No Part VII Plan Terminations and Transfers of Assets Yes Yes 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes Yes	b Enter the minimum required contribution for this plan year							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a							
13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	N/A							
13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?								
	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	07/22/2011	TATIANA CHAVEZ				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/22/2011	TATIANA CHAVEZ				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

	Form 5500-SF	eport of Small Employ Plan	/ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service This form is required to be filed					vee	2010			
Department of Labor Retirement Income Security Ac				(ERISA), and section 6058(a) of t de (the Code).		This Form is Open to Public			
Ρ	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance with	the instructions to the Form 550	0-SF.	Inspection			
		dentification Information							
For	the calendar plan year 2010 or	r fiscal plan year beginning	01/01			/31/2010			
A -	This return/report is for:	x single-employer plan	multiple-em	ployer plan (not multiemployer)	L	one-participant plan			
В -	This return/report is for:	first return/report	final return/	report					
		an amended return/report] short plan y	/ear return/report (less than 12 mon	hs)				
c d	Check box if filing under:	Form 5558] automatic e	extension		DFVC program			
		special extension (enter description	on)						
Pa	rt II Basic Plan Info	rmation enter all requested info	ormation.						
	Name of plan					Three-digit			
	MJS Concrete, Inc. P:	rofit Sharing Plan				olan number PN) ▶ 001			
						Effective date of plan			
						01/01/1998			
2a	-	ess (employer, if for single-employer	plan)			Employer Identification Number EIN) 59-3170004			
	M.J.S. Concrete, Inc	•				Plan sponsor's telephone number			
	1575 Evans Street					(407) 349-5972			
TIC	Oviedo	FL 32765				Business code (see instructions) 236200			
		address (If same as plan employer,	enter "Same")	_	Administrator's EIN			
	Same			,					
					3c /	3c Administrator's telephone number			
		les anamentes abanged since the l	aat raturn/ran	art filed for this plan, onter the	4b	EIN			
4	name, EIN and the plan numb	blan sponsor has changed since the later from the last return/report. Sponso	r's Name	ort med for this plan, enter the		1 C PN			
	· ·								
	Total number of participants at the beginning of the plan year				5a 5b	24 21			
b C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the								
Ŭ					5c				
6a	Sa Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Inform			and we have a second					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	330,392		366,208			
b	Total plan liabilities		. 7 <u>u</u> 7b	0		,0			
С	Net plan assets (subtract line	7b from line 7a)	. 7c	330,392		366,208			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
a	Contributions received or rece								
	(1) Employers		. <u>8a(1)</u>	0					
	(2) Participants		. 8a(2)	0					
	(3) Others (including rollovers	,	. <u>8a(3)</u>	0	_				
b	Other income (loss)		. <u>8b</u>	39,380		20.000			
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	. <u>8c</u>			39,380			
Ç.			• 8d	606					
е	Certain deemed and/or correct	tive distributions (see instructions) .		0					
f		rs (salaries, fees, commissions) .		0					
g	Other expenses		. 8g	2,958					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. <u>8h</u>			3,564			
i	Net income (loss) (subtract lin		. 8i			35,816			
j	· · · ·	ee instructions)		0					
		atics and OMR Control Numbers	an the inet	untions for Form FEOD SE		Form 5500-SE (2010)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2010) v.092308.1 Form 5500-SF 2010

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	Amo	ount	
a	Was there a failure to transmit to the plan any participant contribution within the time period described in			x			
	29 CER 2510 3-1022 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		x			
	on me toa.					50,000	
С	Was the plan covered by a fidelity bond?	10c	x			50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			
		100					
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x			
f		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			
9 h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			v			
	2520.101-3.)	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))		•	• •		Yes XNo	
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ons, a th	and er	iter the Day	date of the let /Ye	ter ruling ar	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	1		
b	Enter the minimum required contribution for this plan year			120 12c			
C	Enter the amount contributed by the employer to the plan for this plan year	•••	·	120			
d	The second se						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•	• •		Yes	No N/A	
Part VII Plan Terminations and Transfers of Assets							
C 392 94 64 67 68	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes XNo	
iJa	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•	[13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):		1	3c(2) E	EIN(s)	13c(3) PN(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rep	repo	rt, inc	uding,	if applicable, a	Schedule edge and	
pelle	f, it is true, correct/and complete.						

SIGN John They	7/19/11	Loanne Sergi
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN Part Sal	1	Loanne Sergi
HERE Signature of employer/plan sponsor	Date 7/19/11	Enter name of individual signing as employer or plan sponsor

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