## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

\_\_\_\_

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.			
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011		
Α	This return/report is for: $\overline{\mathbb{X}}$ a single-employer plan $\overline{\mathbb{Q}}$	a multiple-employer plan (not multiemployer) a one-participant p					
В	This return/report is:	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)		_	_		
Pa	art II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b ·	Three-digit		
	CONCRETE, INC. PROFIT SHARING PLAN				plan number		
					(PN) <b>•</b>	001	
				1C	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b [	Employer Identif		
M.J.	S. CONCRETE, INC.				(EIN) 59-31		
				2c 3	Sponsor's telepl	none number	
	EVANS STREET				407-349		
OVIE	DO, FL 32765			2d 1		see instructions)	
22	Plan administrator's name and address (if same as plan sponsor, er	tor "Como	"\	2h	23810 Administrator's E		
	S. CONCRETE, INC. 1575 EVANS	STREET	; )	30 /		70004	
	OVIEDO, FL 3	32765		3c /	Administrator's t	elephone number	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b EIN			
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			_	PN T		
5a	Total number of participants at the beginning of the plan year			· 5a			
b	Total number of participants at the end of the plan year			. 5b			
С	Number of participants with account balances as of the end of the p complete this item)			. 5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N	
b	Are you claiming a waiver of the annual examination and report of a						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,			X Yes   N	
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.			
			(a) Bandandan a (Masa		(I-) F I	- ( V	
7	Plan Assets and Liabilities		(a) Beginning of Year 366208		(b) End	or Year 364099	
a b	Total plan assets  Total plan liabilities		0			0	
C	Net plan assets (subtract line 7b from line 7a)	7b 7c	366208			364099	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) T		
а	Contributions received or receivable from:		(a) Amount		(5) 1	Otai	
_	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	5510				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				5510	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4412				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	0				
g	Other expenses	8g	3207				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7619	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-2109	
j	Transfers to (from) the plan (see instructions)	8j	0				

_		$\sim$	0044
Form	5500	1-SE	2011

Page 2 -	1
----------	---

Part IV	Plan	Characteristics

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

Part	Compliance Questions			1				
10	During the plan year:		Yes	No	Α	mount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X			50	0000	
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				
е	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.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 com 5500))					Yes X	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X	No	
	(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 instrugranting the waiverMon							
lf	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			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No I	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a	<u>, —                                    </u>				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol				
	of the PBGC?					Yes X	No	
-	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.)	he pla						
1	I3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN	1(s)	
Caut	ion: A negalty for the late or incomplete filing of this return/report will be assessed upless reasonab	ום כפי	iso is	ostabl	ishad			
-	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 o	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	05/18/2012	TATIANA POMBO				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	05/18/2012	TATIANA POMBO				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation		ance with	the instructions to the Form 5500	-SF.	
P	art I Annual Report lo	dentification Information				
For	the calendar plan year 2011 or fis	scal plan year beginning	01/01	/2011 and ending	12,	/31/2011
A	This return/report is for:	a single-employer plan	a multiple-e	employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final ret	urn/report		
		an amended return/report	a short plar	n year return/report (less than 12 mor	nths)	
С	Check box if filing under:	Form 5558	automatic e	extension		DFVC program
		special extension (enter description)				
P	art II Basic Plan Infor	mation enter all requested inform	nation.	and the second of the second o		
	Name of plan	ontor an roquotisa nitori	TIGUTOTII.		1b 1	Γhree-digit
	MJS Concrete, Inc. Pr	ofit Charing Dlan				olan number PN) ▶ 001
	MOS CONCIECE, INC. PI	OIIC SHALLING FLAN		İ		Effective date of plan
						01/01/1998
2a		ess; include room or suite number (emp	oloyer, if for	single-employer plan)	<b>2</b> b E	Employer Identification Number
	M.J.S. Concrete, Inc.				(	EIN) 59-3170004
						Plan sponsor's telephone number
	1575 Evans Street					(407) 349-5972
						Business code (see instructions)
	Oviedo	FL 32765 address (If same as plan sponsor, ente	r "Samo")			Administrator's EIN
Ja	Same	address (ii saine as plan sponsor, ente	o Carrie )		OD /	Administrator 3 Lin
					30 /	Administratore talanhana numbar
					<b>J</b> C /	Administrator's telephone number
_					41 -	
4	If the name and/or EIN of the planame, EIN, and the plan number	an sponsor has changed since the last	return/rep	ort filed for this plan, enter the	4b E	EIN
а	Sponsor's Name	in morn and taget retain in opera.			4c F	PN
5a	Total number of participants at t	the beginning of the plan year			5a	23
b		the end of the plan year			<u>5b</u>	26
С		ount balances as of the end of the plar			5c	25
6a		ring the plan year invested in eligible a				
b	Are you claiming a waiver of the	e annual examination and report of an i	ndepender	nt qualified public accountant (IQPA)		
	•	See instructions on waiver eligibility and			• •	XYes No
	AND	er 6a or 6b, the plan cannot use Forn	n 5500-SF	and must instead use Form 5500.		
P 8	rt III Financial Inform	ation		(a) Beginning of Vegs	1	(b) End of Voca
<i>'</i>	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End of Year
a	Total plan assets		7a	366,208		364,099
b	Total plan liabilities		7b	0		364,000
<u>c</u> 8	Net plan assets (subtract line 7) Income, Expenses, and Transfe		7c	366,208 (a) Amount		364,099 (b) Total
a	Contributions received or received					(~) 1 otal
	(1) Employers		8a(1)	0		
	(2) Participants		8a(2)	0	4	
	, , ,		8a(3)	0	_	
b	` '		8b	5,510		
C		8a(2), 8a(3), and 8b)	8c			5,510
d	Benefits paid (including direct ro	ollovers and insurance premiums	8d	4,412		
е	' '	ve distributions (see instructions)	8e	0		
f		s (salaries, fees, commissions)	8f	0		
g			8g	3,207		
h	•	e, 8f, and 8g)	8h			7,619
i	, ,	8h from line 8c)	8i			(2,109)
i	, , ,	e instructions)	8j	0		

Part	IV Plan Characteristics							
9a 1	the plan provides pension benefits, enter the applicable pension feature	codes from the Lis	st of Plan Characteris	tic Code	s in the	instructions:		
b i	2E 3D the plan provides welfare benefits, enter the applicable welfare feature of	codes from the List	of Plan Characteristic	c Codes	in the i	nstructions:		
Pari	V Compliance Questions					-		
10	During the plan year:			Yes	No	An	nount	
a	Was there a failure to transmit to the plan any participant contributions v	within the time perio	od described in		x		-,	
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C		'/ • • • • —	)a	^~			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			ю	x			
	,			Oc x	<del>                                     </del>			50,000
c d	Was the plan covered by a fidelity bond?			A				30,000
u	or dishonesty?		· ·	od D	x			
е	Were any fees or commisions paid to any brokers, agents, or other pers insurance services or other organization that provides some or all of the	e benefits under the	ce carrier,		x			
	instructions.)		$\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ $\vdash$	De	x			×**
f	Has the plan failed to provide any benefit when due under the plan? .			Of	+		~~~	
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye		<del> </del>	)g	X			
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)			nh	x	4.0		
i	If 10h was answered "Yes," check the box if you either provided the req		_	711	<del> </del>			
•	exceptions to providing the notice applied under 29 CFR 2520.101-3.			Di .				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))						∏Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requir							X No
	(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 am	ortized in this plan	year, see instructions	s, and er	nter the	date of the le	tter ruling	
	granting the waiver				Day	/Y	ear	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (			٢	12b			
b	Enter the minimum required contribution for this plan year							
C	Enter the amount contributed by the employer to the plan for this plan ye			• • -	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline? .				Yes [	]No [	N/A
Part							***************************************	
13a	Has a resolution to terminate the plan been adopted in any plan year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		[	13a		· vs 4 v	
b	Were all the plan assets distributed to participants or beneficiaries, trans	sferred to another p	olan, or brought unde	r the cor	ntrol			
С	of the PBGC?						Yes	X No
	3c(1) Name of plan(s):			1	3c(2) ⊟	IN(s)	13c(3)	 PN(s)
								BISHWI.
Cautio	on: A penalty for the late or incomplete filing of this return/report wi	ill he assessed un	less reasonable car	150 is 0	tahliel	nad .	İ	
	penalties of perjury and other penalties set forth in the instructions, I dec						Schedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.							,
\$IG	SIGN Vanue Sergi 5/18/12 Loanne Sergi							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIG	SIGN James Sergi							
HEF		Date	Enter name of indivi	dual sia	ning as	emplover or r	olan spons	sor
		·			3.55	, -, 5, 5, 6		

Page **2-**[

Form 5500-SF 2011