Form 5500-SF

Department of the Treasury

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 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) X DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number DEL AMO & MELLADO LLC 401(K) PROFIT SHARING PLAN AND TRUST 001 (PN) ▶ 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 65-0975547 **DEL AMO & MELLADO LLC** (EIN) 2c Plan sponsor's telephone number 1800 WEST 49 STREET #105 HIALEAH, FL 33012 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN **DEL AMO & MELLADO LLC** 1800 WEST 49 STREET #105 65-0975547 HIALEAH, FL 33012 3c Administrator's telephone number 305-558-2200 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 12 5a 12 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1011 0 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 0 1011 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 1011 8a(2) (2) Participants 0 (3) Others (including rollovers)..... 8a(3) 0 Other income (loss)..... 8b 1011 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 1011 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

Form 5500-SF 2010 Page 2-										
Par	t IV	Plan Characteristics								
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	naracteris	tic Co	des in	the instr	uctions:			
h	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
b	ii tiic	plan provides wellare benefits, effect the applicable wellare reature codes from the cist of real of	aracteris	000	203 111 0	no mono	ictions.			
art	: V	Compliance Questions								
0	Durii	ng the plan year:		Yes	No		Amo	unt		
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau ishonesty?	d 10d		X					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
1		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 00))								
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	ode or se	ction 3	802 of E	ERISA?.		Yes	No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver						er rulino		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Ente	r the minimum required contribution for this plan year			12b	<u> </u>				
_		er the amount contributed by the employer to the plan for this plan year			12c	<u> </u>				
Subtract the amount in line 12c from the amount in line negative amount)		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l	ie 12b. Enter the result (enter a minus sign to the left of a							
е	·	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	ο П	N/A	
	VII	Plan Terminations and Transfers of Assets			<u>.</u>	_				
		a resolution to terminate the plan been adopted during the plan year or any prior year?					$\overline{\Box}$	Yes X	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a			<u> </u>		
I.										

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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 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.	05/29/2012	JOSE MELLADO						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						

OMB Nos. 1210-0110

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Qepartment of Labor Employee Benefits Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

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 Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 12/31/2010 01/01/2010 and ending X single-employer plan multiple-employer plan (not multiemployer) A This return/report is for: one-participant plan first return/report final return/report B This return/report is for: an amended return/report short plan year return/report (less than 12 months) Form 5558 automatic extension X DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Del Amo & Mellado LLC 401(k) Profit Sharing Plan and Trust plan number (PN) > 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address (employer, if for single employer plan) Del Amo & Mellado LLC 2b Employer Identification Number (EIN) 65-0975547 Plan sponsor's telephone number 1800 West 49 Street #105 305~558-2200 Business code (see instructions) Hialeah 33012 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
Del Amo & Mellado LLC 3b Administrator's EIN 65-0975547 1800 West 49 Street #105 Administrator's telephone number Hialeah 33012 305-558-2200 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year...... 5a 12 b Total number of participants at the end of the plan year 5b 12 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item).. 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Nο 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.)..... X Yes No If you enswered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 72 ۵ 1011 b Total plan liabilities..... 7h 0 ٥ C Net plan assets (subtract line 7b from line 7a)..... 7c 0 1011 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers .. 8a/11 (2) Participants . 8a(2) 1011 (3) Others (including rollovers)..... 8a(3) 0 b Other Income (loss)..... 8b 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 1011 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... Яπ 0 Certain deemed and/or corrective distributions (see instructions)... 8e 0 Administrative service providers (salaries, fees, commissions)..... 0 Other expenses 8a h Total expenses (add lines 8d, 8e, 8f, and 8g)..... вh Net income (loss) (subtract line 8h from line 8c)..... 8i 1011 Transfers to (from) the plan (see instructions) ٥ For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-			SF 2010		Þ	age 2-								
D	t IV	Dlan	Characteristics									•		
			Characteristics des pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:											
Ju			2T 3D											
b	If the	plan provi	les welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Pari	t V	Complia	nce Questions											
10		ing the plan						Yes	No		Amo	unt		
			lure to transmit to the plan any participant contributions	within the	time pe	niod described in [71110	<u> </u>		
			3-102? (See instructions and DOL's Voluntary Fiduciary		•		10a		Х					
Ь			nonexempt transactions with any party-in-interest? (Do not include transactions reported						х					
	•								^					
¢	Was the plan		overed by a fidelity bond?				10¢		х					
d			ve a loss, whether or not reimbursed by the plan's fideli				10d		х					
е		•) or commissions paid to any brokers, agents, or other po			}							***************************************	
_	insurance serv		ce or other organization that provides some or all of the benefits under the plan? (See			10e		х						
f	Has the plan fa		iled to provide any benefit when due under the plan?				10f		х					
g						 								
9 h	l If this is an ind		ve any participant loans? (If "Yes," enter amount as of year end.)				10g		X		•			
•••			vidual account plan, was there a blackout period? (See instructions and 29 CFR						х					
I	If 10)h was ansv	vered "Yes," check the box if you either provided the re- roviding the notice applied under 29 CFR 2520.101-3	quired not	lice or or	ne of the	10h 10i				***			
Part		1	Funding Compliance											
11			benefit plan subject to minimum funding requirements	? (If "Yes."	" see ins	touctions and com-	olete :	Sched	ule SB	/Eorm				
	550	0))((0	, , , , , , , , , , , , , , , , , , , ,	· (· 22,		woodons and com	picie i			· (FUIII	П	Yes	No	
12			contribution plan subject to the minimum funding requ									Yes	X No	
	(If "	res," compl	ate 12a or 12b, 12c, 12d, and 12e below, as applicable.	:.)							_			
а	lf a	waiver of th	e minimum funding standard for a prior year is being an	nortized in	this pla	n year, see instruc	tions,	and e	nter th	e date of	the lett	er rulir	ng	
lf :	gran	iung ine wa completed i	verine 12a, complete lines 3, 9, and 10 of Schedule MB				h		Day_		Year			
				•		•		Г	401					
		er the minimum required contribution for this plan year							12b					
d	Sub	er the amount contributed by the employer to the plan for this plan year pract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the k						···	12c					
-	nega	ative amour	t)	issui (éut	er a min	nus sign to the left of a			12d					
0			m funding amount reported on line 12d be met by the fu							Yes	Пи	П	N/A	
Part			erminations and Transfers of Assets								[] 14		IWA	
				-								т		
ıva	16.83	a resolution	to terminate the plan been adopted during the plan yet	arorany	pnor yea	F?	•••••	·····				Yes	X No	
b	Wen	es, enter tr	e amount of any plan assets that reverted to the emplo	yer this ye	ear			l	13a					
_	of th	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u the PBGC?					nder	ne co	ntrol		П	Yes [No.	
C	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.)									<u>.</u> ,,,				
1		Name of p						49.	/2\ C\	1/+>	1.	- /4\		
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Caut	lon: /	penalty fo	or the late or incomplete filing of this return/report w	vill be ass	sessed u	uniess reasonable	cau	30 is 6	stabil:	shed.				
	~~~		lury and other penalties set forth in the instructions, I de ompleted and signed by an enrolled actuary, as well as t, and complete.	eclare that the electr	t I have e onic vers	examined this returned the retu	m/rep eport.	ort, inc	cluding the b	, if applic est of my	able, a knowle	Sched edge a	lule nd	
	Т		[-1-1] Zana W.13											
SIGI				- 1	2012	Jose Mellad								
1167	-   ;	signature c	r pjan agrinjolstrater	Date		Enter name of individual signing as plan adminis					inistrat	trator		
SIGI		//	1	<u> </u>	210	Jose Mellad	0							
HER	E ;	Signature	f amployer/plan sponsor	Date		Enter name of inc	dividu.	al sign	ing as	emplove	or pla	n soon	ROT	
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