## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a 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) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DEL AMO & MELLADO LLC 401(K) PROFIT SHARING PLAN AND TRUST (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DEL AMO & MELLADO LLO 65-0975547 (EIN) 2c Sponsor's telephone number 305-558-2200 1800 WEST 49 STREET #105 HIALEAH, FL 33012 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 65-0975547 1800 WEST 49 STREET #105 DELAMO & MELLADO LLC HIALEAH, FL 33012 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. 4c PN Sponsor's name 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..... 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) 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. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 1011 815 Total plan assets..... 7a 0 0 7b Total plan liabilities..... 1011 815 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers ..... 8a(1) 1174 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 0 **b** Other income (loss)..... 8b 1174 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 889 to provide benefits)..... 8d 416 Certain deemed and/or corrective distributions (see instructions) ... 8e 65 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 1370 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -196 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

Form	5500-	SF	2011

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

Part IV	Plan	Characteris	tics

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

During the plan year:		Yes	No		۸۰	nount	
Was there a failure to transmit to the plan any participant contributions within the time period described in		103			AI	ilount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b		^				
Was the plan covered by a fidelity bond?	10c		Χ				
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109						
2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	ula SB	(Form			
			uic OD	(1 01111			П.
5500))				······		Yes	4
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod				······		Yes	<u> </u>
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod				······		_	-4-
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	 ction 3	 302 of I	 ERISA	 ?	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se actions, nth	ction 3	302 of I	ERISA'	 ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	e or se actions, nth	ction 3	302 of I	ERISA'	 ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se uctions, nth	and e	302 of I	ERISA'	 ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.	e or se uctions, nth	and e	nter th	ERISA'	 ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	e or se  uctions,  nth  .  t of a	and e	nter th	ERISA'	 ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se  uctions,  nth  .  t of a	and e	12b 12c	ERISA'	?	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se  uctions,  nth  .  t of a	and e	12b 12c	ERISA <sup>*</sup>	?	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	ERISA' e date	of the Ye	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA <sup>*</sup>	?	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  I VII Plan Terminations and Transfers of Assets  If "Yes," enter the amount of any plan assets that reverted to the employer this year	e or se	and e	12b 12c 12d	ERISA' e date	of the Ye	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  I has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se	and e	12b 12c 12d	ERISA' e date	of the Ye	Yes letter ruear	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  I VII Plan Terminations and Transfers of Assets  If "Yes," enter the amount of any plan assets that reverted to the employer this year	e or se  uctions,  nth  t of a	and e	12b 12c 12d 	ERISA' e date	of the Ye	Yes	ling N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA′e date	of the Ye	Yes Yes	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d 	ERISA′e date	of the Ye	Yes Yes	ling N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA′e date	of the Ye	Yes Yes	N/A

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.	07/26/2012	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

## 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).

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public nottoequal

	Complete all entries in accor	dance wit	<u>th the instructions to the Form 550</u>	0-SF.	, mapo	JUOII		
	Part I Annual Report Identification Information							
QI	or calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α	This return/report is for:	a multipk	employer plan (not multiemployer)	er) a one-participant plan				
В	B This return/report is:							
	an amended return/report	a short pla	an year return/report (less than 12 me	onths)	)			
C	Check box if filing under: Form 5558	cextension		X DFVC program				
	special extension (enter description	on)						
P	art II Basic Plan Information—enter all requested inform	•	<del></del>					
1a	Name of plan			1b	Three-digit			
Dε	el Amo & Mellado LLC 401(k) Profit Sharin	g Plan	and Trust		plan number	_		
					(PN) • 00			
					Effective date of pla 01/01/2010	ın		
2a	Plan sponsor's name and address; include room or suite number (e	molover i	f for a single-employer also)		Employer Identificat			
De	l Amo & Mellado LLC		rol a oligio olipioyot piatty	24	(EIN) 65-09755		nber	
				2c	Sponsor's telephon		Br	
18	00 West 49 Street #105				305-550-2200			
***	-1			2d	Business code (eee	instruct	ions)	
	aleah Ft. 33012				621111			
oa De	Plan administrator's name and address (if same as plan sponsor, et 1 Amo & Mellado LLC	nter "Same	a")	3b	Administrator's EIN 65-0975547			
18	00 West 49 Street #105			3c	Administrator's telep	none n	umber	
<u>Hi</u>	<u>aleah FL 33</u> 012				305-558-2200		3,11561	
4	If the name and/or EIN of the plan sponsor has changed since the I name. EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	DN			
	Total number of participants at the beginning of the plan year		· · · · · ·	5a			12	
b			L	5b	<del>                                     </del>			
C	Number of participants with account balances as of the end of the			90	<del></del>		1	
	complete this item)			5c			1	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			Yes	No	
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ident qualified public accountant (IQF	A)	- F	- 된 V	_ 	
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a lift you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditi orm 5500.	SE and must instead use Form 550		Ł	Yes	∐ No	
Pa	rt III Financial Information	<u> </u>	or and Mast method 430 Point 500	· · ·	· .			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of \	/ear		
а	Total plan assets	7a	101	1	.(5) 2.112 51		815	
b	Total plan liabilities			o			0	
c	Net plan assets (subtract line 7b from line 7a)	7c	101	1			<b>B</b> 15	
8	Income, Expenses, and Transfers for this Plan Year	L	(a) Amount		(b) Tota	l l		
a	Contributions received or receivable from:			Ţ	• • • • • • • • • • • • • • • • • • • •			
	(1) Employers	8a(1)		-				
	(2) Participants		117	4				
_	(3) Others (including rollovers)	8a(3)		0				
þ	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
d	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and Insurance premiums	<u>8c</u>		+-			1174	
	to provide benefits)	8d	88	9				
0	Certain deemed and/or corrective distributions (see instructions)	8e	41	6				
f	Administrative service providers (salarles, fees, commissions)		6:	5				
g	Other expenses	80		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						1370	
i	Net income (loss) (subtract line 8h from line 8c)	. 81		1			-196	
J	Transfers to (from) the plan (see instructions)	_		0				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-8F.

Form	5500-	SE	2011	
------	-------	----	------	--

Page	2	-	Γ
------	---	---	---

Par 9a							
74	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2E 2G 2J 2T 3D	aracteri	stic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	les in t	the instruction	ons:	
Part	V Compliance Questions						_
10	During the plan year:		Yes	No		Amount	
a	Was there a fallure to transmit to the plan any participant contributions within the time period described a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10ь		x			
c	Was the plan covered by a fidelity bond?	10c		х			_
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc or dishonesty?	10d		Х		_	_
Ð	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		х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		ж			_
h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10h		х			_
_ 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					_
Part							_
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and $\propto$ 5500))	mplete	Sched	ule SE	(Form	Yes N	0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Yes X No	<del>-</del>
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instigranting the waiver.  Mou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1:	onth	and e	enter th Day	e date of th	ne letter ruling Year	
	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 le negative amount)	ft of a		12d			
e	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						
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es No	,	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			-	Q
ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?			ntrol		Yes X No	— 0
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred, (See instructions.)	the pla	n(s) to				
1	Bc(1) Name of plan(s):		130	(2) EI	N(s)	13c(3) PN(s)	
Caut	on: A penelty for the late or incomplete filling of this return/report will be assessed unless reasons	ble cau	150 is (	establi	ished.		_
Unde SB or	penalties of perjury and other penalties set forth in the Instructions, I declare that I have examined this re Schedule MB completed and agneed by an enrolled actuary, as well as the ejectronic version of this retur it is true, correct and carriplete.	turn/rei	ont. in	cluding	. if applical	ole, a Schedule nowledge and	_
SIGN	7/1X/12 Jose Mell:	ado					_
HER			ıal sior	nino as	 s plan admir	nistrator	_
SIGN	/ / Jose Well						_
HER	1.513		ıal eine	ning se	employer	or plan sponsor	_
	Land 101 = Enter name of	" KTIAIO(	an sigi	mny as	· surbinhai. (	<u>yi biqir abbusor</u>	
	· •						