

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90169 005 ****50.00

DOCUMENT # L06000070388

1. Entity Name
PC GROUP, LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address
955 SW 2ND AVENUE **PO BOX 557243**
APT. # 304 **MIAMI, FL 33255**
MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5420 SW 55 Avenue **5420 SW 55 Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Davie, FL **Davie, FL**

Zip Country Zip Country
33314 **US** **33314** **US**

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-5221438 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POSADA, JORGE
955 SW 2ND AVENUE
APT # 304,
MIAMI, FL 33130.

7. Name and Address of New Registered Agent

Name
Jorge Posada

Street Address (P.O. Box Number is Not Acceptable)
5420 SW 55 Avenue

City State Zip Code
Davie **FL** **33314**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POSADA, JORGE 955 SW 2ND AVENUE MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORREA PELAEZ, SANTIAGO 955 SW 2ND AVENUE MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jorge Posada 5420 SW 55 Avenue Davie, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Santiago Correa Pelaez 5420 SW 55 Avenue Davie, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **03-20-2007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #