

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90183 001 ****50.00
02-06-2004 90183 002 *****5.00

DOCUMENT # L02000008886

1. Entity Name
PCMT LLC



Principal Place of Business
**1112 WESTON RD
FORT LAUDERDALE, FL 33326**

Mailing Address
**1112 WESTON RD
FORT LAUDERDALE, FL 33326**

34000176



01122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0456360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~BALLESTAS AND ASSOCIATES INC.~~ **GUILLERMO GUILARDO**
**1112 WESTON RD 219
FORT LAUDERDALE, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	GUILLERMO, GUILARDO
STREET ADDRESS	1112 WESTON RD 219
CITY-ST-ZIP	FORT LAUDERDALE, FL 33320 33326
TITLE	D
NAME	COUSIN, EMILIO COHAN, EMILIO
STREET ADDRESS	1112 WESTON RD 219 216
CITY-ST-ZIP	MIAMI, FL 33126 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/02/04

Date

854-650-4522

Daytime Phone #