

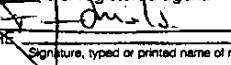
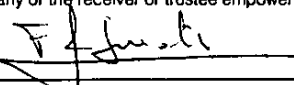


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90113 029 \*\*\*\*50.00

<b>DOCUMENT # L02000008886</b> 1. Entity Name <b>PCMT LLC</b>					
Principal Place of Business <b>1112 WESTON RD FORT LAUDERDALE, FL 33326</b>			Mailing Address <b>1112 WESTON RD FORT LAUDERDALE, FL 33326</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01312005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>03-0456360</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BALLESTAS AND ASSOCIATES INC. 1112 WESTON RD 219 FORT LAUDERDALE, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>Guillermo Ghirardo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1112 Weston Road 219</b> City <b>Fort Lauderdale FL</b> Zip Code <b>33326</b>		
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 		<b>GHIRARDO GUILLERMO F</b>		<b>01/31/05</b>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO, GUINALDO 1112 WESTON RD 219 FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director GHIRALDO, GUILLERMO 1112 Weston Road 219 Fort Lauderdale, FL 33326
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONAN, EMILIO 1112 WESTON RD 218 FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director COHAN, EMILIO 1112 WESTON RD 219 FORT LAUDERDALE, FL 33326
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ghirardo, Antonio 1112 Weston Road 219 Fort Lauderdale, FL 33326
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		<b>GHIRARDO GUILLERMO F</b>		<b>01/31/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	