2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L02000008886

Entity Name: PCMT LLC

Current Principal Place of Business:

1112 WESTON RD
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1112 WESTON RD
FORT LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 03-0456360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GHIRALDO, GUILLERMO
1112 WESTON RD 219
FORT LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete
Name: GUILLERMO, GHIRALDO
Address: 1112 WESTON RD 219
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D ( ) Delete
Name: COHAN, EMILIO
Address: 1112 WESTON RD 219
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D ( ) Delete
Name: GHIRALDO, ANTONIO
Address: 1112 WESTON ROAD 219
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: GHIRALDO, GUILLERMO
Address: 1112 WESTON RD 219
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUILLERMO GHIRALDO D 04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date