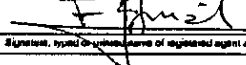
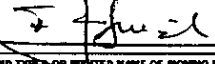


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 040 ***50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008886			
1. Entity Name PCMT LLC			
Principal Place of Business 7730 SW 68 TR MIAMI, FL 33143		Mailing Address 7730 SW 68 TR MIAMI, FL 33143	
2. Principal Place of Business 1112 WESTON RD. Suite, Apt. #, etc. 219		3. Mailing Address 1112 WESTON RD. Suite, Apt. #, etc. 219	
City & State WESTON FL		City & State WESTON FL	
Zip 33326		Country USA	
4. FEI Number 03-0456260		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. 7730 S.W. 68 TERRACE MIAMI, FL 33143			
7. Name and Address of New Registered Agent Name GUILLERMO GIRALDO Street Address (P.O. Box Number is Not Acceptable) 1112 WESTON RD #219 City WESTON FL Zip Code 33326			
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  GUILLERMO GIRALDO 03/19/03. (NOTE: Registered Agent signature required when submitting)			
FILE NOW WITH FEE IS \$40.00 Must be paid to the Department of State Due By March 15, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 806, Florida Statutes.			
SIGNATURE:  GUILLERMO GIRALDO 03/19/03. SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2003 (10/02)