
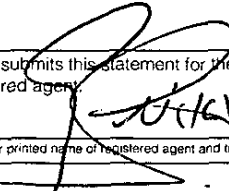
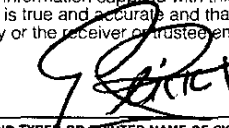


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90116 001 \*\*\*\*50.00

<b>DOCUMENT # L03000012056</b> 1. Entity Name <b>PROCESS CONTROL ENGINEERING, L.L.C.</b>					
Principal Place of Business <b>536 BILTMORE WAY CORAL GABLES FL 33134</b>				Mailing Address <b>536 BILTMORE WAY CORAL GABLES FL 33134</b>	
2. Principal Place of Business <b>5551 NW 112th Ave.</b> Suite, Apt. #, etc. <b>106</b>		3. Mailing Address <b>5551 NW 112th Ave.</b> Suite, Apt. #, etc. <b>106</b>			
City & State <b>Miami, FLORIDA</b>		City & State <b>Miami, FL</b>		4. FF Number <b>65-1182693</b>	
Zip <b>33178</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CUEVAS, ANDREW ESQ CUEVAS &amp; RUBIN, P.A. 536 BILTMORE WAY CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name <b>ERICK Villacorta</b> Street Address (P.O. Box Number is Not Acceptable) <b>5551 NW 112th Ave #106</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</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>ERICK Villacorta</b> <b>4/28/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>ERICK Villacorta</b> <b>5551 NW 112th Ave #106</b> <b>Miami, FL 33178</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>JOSE M. FARIAS</b> <b>5551 NW 112th Ave #106</b> <b>Miami, FL 33178</b>	<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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>ERICK Villacorta</b> <b>4/28/04 (305) 716 9036</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					