



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90064 022 \*\*\*\*55.00

<b>DOCUMENT # L04000058927</b> 1. Entity Name <b>PCNET CONSULTING &amp; ASSOCIATES, LLC</b>					
Principal Place of Business <b>7430 SW 153 PLACE</b> <b>101</b> <b>MIAMI, FL 33193</b>			Mailing Address <b>7430 SW 153 PLACE</b> <b>101</b> <b>MIAMI, FL 33193</b>		
2. Principal Place of Business <b>6419 SW 127 CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 960866</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>20-1479281</b>	
Zip <b>33183</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HONORE, PRICE</b> <b>7430 SW 153 PLACE</b> <b>101</b> <b>MIAMI, FL 33193</b>				7. Name and Address of New Registered Agent Name <b>PRICE HONORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6419 SW 127 CT.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33183</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONORE, VIRGINIA 7430 SW 153 PLACE # 101 MIAMI, FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGINIA, HONORE 6419 SW 127 CT MIAMI, FL 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Virginia Honore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3/31/06</u> Daytime Phone #: <u>305-394-9410</u>		