


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000058927</b> 1. Entity Name PCNET CONSULTING & ASSOCIATES, LLC	
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Principal Place of Business 6419 SW 127TH CT MIAMI, FL 33183	Mailing Address POB 960866 MIAMI, FL 33296
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04292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1479281	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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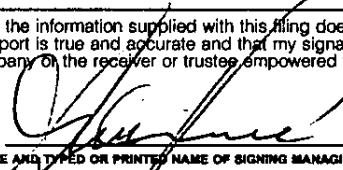
<b>6. Name and Address of Current Registered Agent</b>  PRICE, HONORÉ 6419 SW 127TH CT MIAMI, FL 33183
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		U00000757171 05/23/07-80059-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONORÉ, VIRGINIA 6419 SW 127TH CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE, HONORÉ 6419 SW 127TH CT MIAMI, FL 33183
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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.		
<b>SIGNATURE:</b> 	4/30/07	305-394-9410
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>