


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000058927 1. Entity Name PCNET CONSULTING & ASSOC IATES, 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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DO NOT WRITE IN THIS SPACE



04292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1479281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, HONORÉ
6419 SW 127TH CT
MIAMI, FL 33183

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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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IN THIS SPACE**

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:  **4/30/07** **305-394-9410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #