## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**SIGNATURE:** 

GNATURE AND TYPED

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # L04000063294** 04-28-2005 90038 018 \*\*\*\*50.00 PPK CONSULTING, L.L.C. Principal Place of Business Mailing Address 8323 N.W. 12TH STREET, SUITE 104 8323 N.W. 12TH STREET, SUITE 104 14007383 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, EDGARDO Street Address (P.O. Box Number is Not Acceptable) 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Change ☐ Delete TITLE ☐ Addition PASCUAL MARIO NAME NAME STREET ADDRESS 8323 N.W. 12TH STREET, SUITE 104 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP MGRM TITLE ☐ Delete me Channe ☐ Addition PEREZ, EDGARDO NAME NAME STREET ADDRESS 8323 N.W. 12TH STREET, SUITE 104 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33126 CITY-ST-ZIP MGRM TITLE Delete TTRE ☐ Change ☐ Addition KILIDDJIAN, PETER M NAME NAME 8323 N.W. 12TH STREET, SUITE 104 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

IG MANAGRIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED