

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90261 018 ****50.00

DOCUMENT # L04000063294					
1. Entity Name PPK CONSULTING, L.L.C.					
Principal Place of Business 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126			Mailing Address 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126		
2. Principal Place of Business 1300 NW 84 AVENUE Suite, Apt. #, etc.		3. Mailing Address 1300 NW 84 AVENUE Suite, Apt. #, etc.			
City & State DORAL, FL Zip 33126 Country USA		City & State DORAL, FL Zip 33126 Country USA		4. FEI Number 20-1779752	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, EDGARDO 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name PEREZ, EDGARDO Street Address (P.O. Box Number is Not Acceptable) 1300 NW 84 AVENUE City DORAL FL Zip Code 33126		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PASCUAL, MARIO 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1300 NW 84 AVENUE DORAL, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEREZ, EDGARDO 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1300 NW 84 AVENUE DORAL, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KILIDJIAN, PETER M 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1300 NW 84 AVENUE DORAL, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:			03-17-06 305-592-1363 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					