
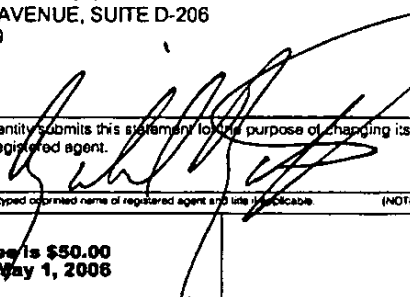
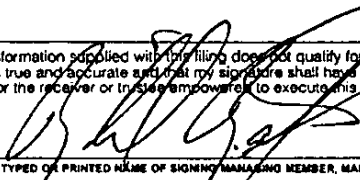


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90138 047 \*\*\*\*50.00

<b>DOCUMENT # L05000001677</b> 1. Entity Name <b>PMC INVESTMENTS LLC</b>			
Principal Place of Business <b>1925 BRICKELL AVENUE, SUITE D-206 MIAMI, FL 33129</b>		Mailing Address <b>1925 BRICKELL AVENUE, SUITE D-206 MIAMI, FL 33129</b>	
2. Principal Place of Business <b>7901 W. 25 AVE., #3</b> Suite, Apt. #, etc.		3. Mailing Address <b>7901 W. 25 AVE., #3</b> Suite, Apt. #, etc.	
City & State <b>HIALEAH, FL.</b> Zip <b>33016</b>		City & State <b>HIALEAH, FL.</b> Zip <b>33016</b>	
4. FEI Number <b>20-2139975</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01092008 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE, SUITE D-206 MIAMI, FL 33129</b>		7. Name and Address of New Registered Agent Name <b>RICHARD RAFULS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7901 W. 25 AVE., #3</b> City <b>HIALEAH</b> FL Zip Code <b>33016</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  DATE <b>1/11/06</b> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RAFULS, RICHARD</b> <input type="checkbox"/> Delete <b>7901 W 25 AVE., BAY #3</b> <b>HIALEAH, FL 33016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MARRERO, HECTOR</b> <input type="checkbox"/> Delete <b>7901 W. 25 AVE., BAY #3</b> <b>HIALEAH, FL 33016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/11/06 (305) 883-8881	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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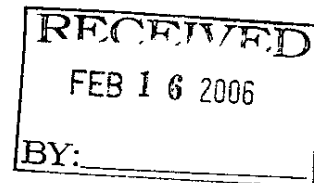
ATTACHMENT

30000661

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

PMC INVESTMENTS LLC  
7901 W 25 AVE  
#3  
HIALEAH, FL 33016



Subject: PMC INVESTMENTS LLC

Reference Number: L05000001677

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION