


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90346 018 ****50.00

DOCUMENT # L06000094208

1. Entity Name
P.C.M. USA LLC



Principal Place of Business
**802 SE 7TH ST UNIT 205E
 DEERFIELD BEACH, FL 33441**

Mailing Address
**802 SE 7TH ST UNIT 205E
 DEERFIELD BEACH, FL 33441**

40098000



2. Principal Place of Business - No P.O. Box #
1319 E Hillsboro Blvd.

3. Mailing Address
1319 E Hillsboro Blvd.

Suite, Apt. #, etc.
514

Suite, Apt. #, etc.
514

04302007 Chg-LLC CR2E083 (12/06)

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33441

Country
U.S.A.

Zip
33441

Country
U.S.A.

4. FEI Number
65129 0894

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WATTS, DENNIS
 802 SE 7TH ST UNIT 205E
 DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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  **Dennis Watts - Manager.** **4/30/07.**

(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
 Florida Department of State**


9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME WATTS, DENNIS	
STREET ADDRESS 802 SE 7TH ST UNIT 205E	
CITY-ST-ZIP DEERFIELD BEACH, FL 33441	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Watts, Dennis	
STREET ADDRESS 1319 E. Hillsboro Blvd.	
CITY-ST-ZIP Deerfield Beach, FL 33441	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Dennis Watts - Manager.** **4/30/07.** **954237-6922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #