

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121657

Entity Name: PCH CARGO, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

5715 NW 84 AVE
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

5715 NW 84 AVE
DORAL, FL 33166

New Mailing Address:

FEI Number: 41-2223513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, NELSON I
9425 FONTAINEBLEAU BLVD., #208
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRIMARY HV ENTERTAIN, MENT, LLC
Address: 9425 FONTAINEBLEAU BLVD., #208
City-St-Zip: MIAMI, FL 33165

Title: MGRM (X) Delete
Name: PRIMARY AMC SERVICES, , LLC
Address: 9425 FONTAINEBLEAU BLVD., #208
City-St-Zip: MIAMI, FL 33165

Title: MGRM (X) Delete
Name: PRIMARY CC INVESTMEN, TS, LLC
Address: 9425 FONTAINEBLEAU BLVD., #208
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CACERES, JOSEPH R
Address: 5715 NW 84 AVE
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH R CACERES

MGRM

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date