

FILED
Mar 30, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000151713

1. Entity Name
PCTRONICS, INC.



Principal Place of Business
**2 SOUTH BISCAYNE BLVD
SUITE # 2670
MIAMI, FL 33137**

Mailing Address
**2 SOUTH BISCAYNE BLVD
SUITE # 2670
MIAMI, FL 33137**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2393397
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBOSA, ANDREIA
4836 NW 74TH AVE
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BARBOSA, ANDREIA
STREET ADDRESS	4836 NW 74 AVE
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	P
NAME	RAMIREZ, JUAN V
STREET ADDRESS	LAI LAI CENTRO 215
CITY- ST- ZIP	CIUDADA OF ESTE PARAGUAY, PA
TITLE	VP
NAME	RAMIREZ, RICARDO
STREET ADDRESS	LAI LAI CENTRO 215
CITY- ST- ZIP	CIUDAD DEL ESTE PARAGUAY, PA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

RICARDO RAMIREZ

3/14/2006 595-61-500-477