2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P99000046056 1. Entity Name PC BROKERS, INC. Mailing Address Principal Place of Business 9500 S.W. 80TH ST. MIAMI FL 33173 9500 S.W. 80TH ST. MIAMI FL 33173 3. Mailma Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. 4, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-0921113 Not Applicat Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 8. The above named entry 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 Sunature, typen or printed name of registered agent and life if applicable (NOTE: Registored Agent signature reguland when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change INLE □ Defete BILE NAME CUESTA, PEDRO L NAME U0000049**608**3 9500 S.W. 80TH ST. STREET ADDRESS STREET ADDRESS 04/21/06-8ññ36-025 150.0**0** CITY-ST-ZIP CHY-S1-218 MIAMI FL 33173 ☐ Addition ☐ Change muD Delete THTLE NAME MANE STREET ADDRESS STREET ADDRESS City-\$1-zip CITY-ST-ZIP ☐ Change ☐ Addition me ☐ Delete MAM NAME STALLT ADDRESS STREET ADDRESS 2117-21-20P CHY-ST-ZIP ☐ Change Accidion | Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-SI-ZIP CHY-SI-ZIP ☐ Changa TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(7Y - S1 - 702 ☐ Delete Change ☐ Addition TiTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental pepor is true and accurate and that my signature shall have the same legal effect as it made under path, that I am an officer or director of the corporation or the receiver or true lee empoweres 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 appears, will all other the empowered.

FILED

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