2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000056006

1. Entity Name
CHUCHO MARTI ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DRIVE SUITE 302 MIAMI, FL 33126	5835 BLUE LAGOON DRIVE SUITE 302 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

03192007   Chg-LLC   CR2E083 (12/06)

4. FEI Number		Applied For
20-3022593		Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEE, STEVEN M 1220 S.W. 2ND AVE. MIAMI, FL 33130	Name Balayra, Jose Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Avenue, 300 City Miami FL Zip Code 33133

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 _Jose Balayra_   _3/23/2007_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MR NAME MEDEROS, JORGE C STREET ADDRESS 5835 BLUE LAGOON DRIVE # 302 CITY-ST-ZIP MIAMI, FL 33126	☑ Delete	TITLE FOR NAME Conversion Consultants, LLC STREET ADDRESS 5835 Blue Lagoon Drive, Ste. 302 CITY-ST-ZIP Miami, FL 33126.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Jorge C. Mederos_   _3/23/2007._

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