

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 035 ****50.00

DOCUMENT # L05000098054

1. Entity Name
DATAMARK VENTURES, LLC



Principal Place of Business
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

60060006



2. Principal Place of Business
**3191 CORAL WAY
Suite, Apt. #, etc.
624**

3. Mailing Address
**3191 CORAL WAY
Suite, Apt. #, etc.
624**

03142006 Chg-LLC CR2E083 (11/05)

City & State
Miami, FL
Zip
33145

City & State
Miami, FL
Zip
33145

Country
USA

4. FEI Number
20-4091563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
PAULO MELO

Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY #624

City
Miami

FL

Zip Code
33145

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAVARES DE MELO, PAULO
520 BRICKELL KEY DRIVE
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAVARES DE MELO, MARCILLO
520 BRICKELL KEY DRIVE
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 *[Signature]*

3/17/06

325 567 1163