

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013416

Entity Name: ZUMBA FITNESS, LLC

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

1688 NE 205TH TERRACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

1688 NE 205TH TERRACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-4276132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RICHARD C ESQ
100 S.E. SECOND STREET, SUITE 3300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGHION, ALBERTO
1688 NE 205 TERRACE
MIAMI, FL 33179 US

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: ALBERTO AGHION

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERLMAN, ALBERTO
Address: 1688 NE 205TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: AGHION, ALBERTO
Address: 1688 NE 205TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: PEREZ, ALBERTO
Address: 1688 NE 205TH TERRACE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

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

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 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: ALBERTO AGHION

MGRM

01/09/2007

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