2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024248

Entity Name: DAZA CHACON, LLC

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134

FEI Number: 20-4528284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC 2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WILSON CHACON, CARLOS
 Name:

 Address:
 CARR. 69B, NO. 24-15, INT. 9 APTO. 402
 Address:

 City-St-Zip:
 BOGOTA, COLOMBIA,
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 ORLANDO DAZA, GABRIEL
 Name:
 DAZA DIAZ, GABRIEL O

 Address:
 CARR. 69B, NO. 24-15, INT. 9 APTO. 402
 Address:
 CALLE 87 NO. 12-11, APT. 101

 City-St-Zip:
 BOGOTA, COLOMBIA,
 City-St-Zip:
 BOGOTA, COLOMBIA, XX XX XX

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: CARLOS WILSON CHACON MGRM 03/15/2007