

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 008 ***138.75

60016293



DOCUMENT # L06000101175 1. Entity Name ZUMBA VENTURES LLC			
Principal Place of Business 110 WASHINGTON AVENUE 1506 MIAMI BEACH, FL 33139 US		Mailing Address 110 WASHINGTON AVENUE 1506 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box # 6365 COLLINS AVE Suite, Apt. #, etc. 3007		3. Mailing Address 6365 COLLINS AVE Suite, Apt. #, etc. 3007	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33141	Country USA	Zip 33141	Country USA
4. FEI Number 20-5756705		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOUELA, ALEJO SR. 110 WASHINGTON AVENUE 1506 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name RAMIREZ ZAVARSE, CARLOS SR. Street Address (P.O. Box Number is Not Acceptable) 6365 COLLINS AVE # 3007 City MIAMI BEACH FL Zip Code 33141	
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 <input checked="" type="checkbox"/>		DATE <input checked="" type="checkbox"/>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME CHOUELA, ALEJO SR. <input type="checkbox"/> Delete STREET ADDRESS 110 WASHINGTON AVENUE APT. 1506 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE GYS MADISON AVE, 20th FLOOR NAME NEW YORK, NY 10022 STREET ADDRESS 6365 COLLINS AVE # 3007 CITY-ST-ZIP MIAMI BEACH, FL 33141		
TITLE MGR <input type="checkbox"/> Delete NAME RAMIREZ ZAVARSE, CARLOS SR. STREET ADDRESS 2907 BANKSHILL ROW CITY-ST-ZIP ATLANTA, GA 30319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 6365 COLLINS AVE # 3007 NAME MIAMI BEACH, FL 33141 STREET ADDRESS MIAMI BEACH, FL 33141 CITY-ST-ZIP MIAMI BEACH, FL 33141		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS NAME CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS NAME CITY-ST-ZIP NAME		
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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: <input checked="" type="checkbox"/>		Date: 03/15/08	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone #	