2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L07000054294

Entity Name: ACQUISITIONS GROUP, LLC

Current Principal Place of Business:

1342 N.W. 84 AVENUE
DORAL, FL 33126

New Principal Place of Business:

1342 N.W. 84 AVE
DORAL, FL 33126

Current Mailing Address:

1342 N.W. 84 AVENUE
DORAL, FL 33126

New Mailing Address:

1342 N.W. 84 AVE
DORAL, FL 33126

FEI Number: 32-0204587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ABUD, CHARBEL
1342 N.W. 84 AVE
DORAL, FL 33126 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: CHARBEL ABUD 03/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAMIREZ, LEE
Address: 1342 N.W. 84 AVENUE
City-St-Zip: DORAL, FL 33126

Title: MGRM ( ) Delete
Name: ABUD, CHARBEL
Address: 1342 N.W. 84 AVENUE
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAMIREZ, LEE
Address: 1342 N.W. 84 AVE
City-St-Zip: DORAL, FL 33126

Title: MGRM (X) Change ( ) Addition
Name: ABUD, CHARBEL
Address: 1342 N.W. 84 AVE
City-St-Zip: DORAL, FL 33126

I hereby certify that the information supplied with this filing does not qualify 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: CHARBEL ABUD MGR 03/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date