

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001680

Entity Name: MAMBO LLC

FILED
Apr 28, 2012
Secretary of State

Current Principal Place of Business:

7321 N.W. 75TH STREET
MIAMI, FL 33166

New Principal Place of Business:

1800 N.W. 94TH AVENUE
DORAL, FL 33172 UN

Current Mailing Address:

7321 N.W. 75TH STREET
MIAMI, FL 33166

New Mailing Address:

1800 N.W. 94TH AVENUE
DORAL, FL 33172 UN

FEI Number: 20-3827894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Title: SMGR
Name: FONSECA, ROSA EMILIA CHRMIN
Address: CANAL CARACOL CALLE 103 NO. 69B - 43
City-St-Zip: BOGOTA COLOMBIA, XX XXXXX XX

Title: SMGR
Name: CALLE, LUIS VP OPER
Address: CANAL CARACOL, CALLE 103 NO. 69B - 43
City-St-Zip: BOGOTA, COLOMBIA, XX XXXXXX XX

Title: SMGR
Name: CORDOBA, GONZALO
Address: CANAL CARACOL, CALLE 103, NO. 69B - 43
City-St-Zip: BOGOTA, COLOMBIA, XX XXXXX XX

Title: MGR
Name: CARDENAS, RUBEN DARIO TREAS
Address: CANAL CARACOL, CALLE 103 NO. 69B - 43
City-St-Zip: BOGOTA, COLOMBIA, XX XXXXX XX

Title: GM
Name: ECHEVERRI, OLGA ISABEL
Address: 1800 NW 94TH AVE.
City-St-Zip: DORAL, FL 33172 US

I hereby 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: /S/ROSA EMILIA FONSECA/

SMGR

04/28/2012

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