

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005705

FILED  
Mar 18, 2012  
Secretary of State

Entity Name: CARDMARTE LLC

**Current Principal Place of Business:**

21700 OXNARD ST.  
SUITE #200  
WOODLAND HILLS, CA 913673660

**New Principal Place of Business:**

**Current Mailing Address:**

21700 OXNARD ST.  
SUITE #200  
WOODLAND HILLS, CA 913673660

**New Mailing Address:**

FEI Number: 20-5425930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TECNICARD INC.  
3191 CORAL WAY  
SUITE #800  
MIAMI, FL 33145 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: MGRM  
Name: URCUYO, ALFREDO  
Address: 3191 CORAL WAY, SUITE 904  
City-St-Zip: MIAMI, FL 33145

Title: MGRM  
Name: BALTODANO, MARCIO  
Address: 3191 CORAL WAY, SUITE 904  
City-St-Zip: MIAMI, FL 33145

Title: GMGR  
Name: GONZALEZ, LUIS E  
Address: 3191 CORAL WAY, SUITE 904  
City-St-Zip: MIAMI, FL 33145

Title: MGRM  
Name: GALVEZ, OSCAR  
Address: 3191 CORAL WAY, SUITE 904  
City-St-Zip: MIAMI, FL 33145

Title: MGRM  
Name: BALLADARES, CARLOS  
Address: 3191 CORAL WAY, SUITE 904  
City-St-Zip: MIAMI, FL 33145

Title: MGRM  
Name: BALTODANO, MARCIO  
Address: 3191 CORAL WAY, SUITE 904  
City-St-Zip: MIAMI, FL 33145

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: LUIS EMILIO GONZALEZ

MGRM

03/18/2012

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