


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 A
Secretary of State
RECEIVED MAR 06 2007

DOCUMENT # L05000100056 1. Entity Name HOLISTIC HEALING CENTER, LLC	
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Principal Place of Business 1590 NE 162ND STREET 400 MIAMI FL 33162	Mailing Address 1590 NE 162ND STREET 400 MIAMI FL 33162
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-3623444	Applied For
	Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRAIG M. DORNE, PA
407 LINCOLN ROAD
PH-SE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name _____

Street Address (P O Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GIORDANO, JOHN
STREET ADDRESS	1590 NE 162ND STREET SUITE 400
CITY - ST - ZIP	MIAMI FL 33162
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GOLDFARB, GERALD S
STREET ADDRESS	1590 NE 162ND STREET SUITE 400
CITY - ST - ZIP	MIAMI FL 33162
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GOLDFARB, GERALD H
STREET ADDRESS	1590 NE 162ND STREET SUITE 400
CITY - ST - ZIP	MIAMI FL 33162
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000664600
CITY - ST - ZIP	03/22/07-80051-009 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Merald S. Goldfarb* 3.9.07 305-919-7877

SIGNATURE AND TITLE OF _____ (MANAGING MEMBER, MANAGER) _____ Date _____ Daytime Phone # _____