

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002922

FILED
Apr 21, 2006
Secretary of State

Entity Name: WORLD HEALTH ENTERPRISE, L.L.C.

Current Principal Place of Business:

550 NW 29TH STREET
MIAMI, FL 33127

New Principal Place of Business:

293 NE 61ST STREET
MIAMI, FL 33137

Current Mailing Address:

550 NW 29TH STREET
MIAMI, FL 33127

New Mailing Address:

293 NE 61ST STREET
MIAMI, FL 33137

FEI Number: 72-1548164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUPERSTEIN, BERNARD ESQ.
350 EUCLID AVE. #5
MIAMI BEACH, FL 33139 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 () Delete
Name: CHARRON, LISA MARIE
Address: 550 NW 29TH STREET
City-St-Zip: MIAMI, FL 33127

Title: MGRM () Delete
Name: HUNTER, SHAMILA
Address: 550 NW 29TH STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHARRON, LISSA MARIE
Address: 293 NE 61ST STREET
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Change () Addition
Name: HUNTER, SHAMILA
Address: 293 NE 61ST STREET
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: LISSA MARIE CHARRON

PRES

04/21/2006

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