

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018220

FILED
Apr 09, 2007
Secretary of State

Entity Name: HEALING EARTH REJUVINATION CENTER, LLC

Current Principal Place of Business:

18205 BISCAYNE BLVD, STE 100
AVENTURA, FL 33179

New Principal Place of Business:

18205 BISCAYNE BLVD, STE 100
AVENTURA, FL 33160

Current Mailing Address:

18205 BISCAYNE BLVD, STE 100
AVENTURA, FL 33179

New Mailing Address:

18205 BISCAYNE BLVD, STE 100
AVENTURA, FL 33160

FEI Number: 61-1467484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTOR, SIMON
18205 BISCAYNE BOULEVARD
SUITE 100
AVENTURA, FL 33160 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: P () Delete
Name: ASTOR, SIMON
Address: 100 JEFFERSON AVENUE SUITE 10017
City-St-Zip: MIAMI BEACH, FL 33139

Title: CFO () Delete
Name: ASTOR, LIONEL
Address: 500 SOUTHEAST 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: V () Delete
Name: ASTOR, MARK
Address: 144 COCONUT KEY LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: ASTOR, LIONEL
Address: 500 SOUTHEAST 5TH AVENUE, #502
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK G. ASTOR

MR.

04/09/2007

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