## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000022682

RUB, JOSE MARK MD

2050 NE 210TH STREET

NORTH MIAMI BEACH, FL 33179 US

Name: Address:

City-St-Zip:

FILED Jun 30, 2005 Secretary of State

Entity Name: PEDSPOWER: NUTRITION AND FITNESS CENTER LLC

**Current Principal Place of Business: New Principal Place of Business:** 21110 BISCAYNE BOULEVARD 18900 NE 25TH AVENUE SUITE 308 SUITE 213 AVENTURA, FL 33160 NORTH MIAMI BEACH, FL 33180 US **Current Mailing Address:** New Mailing Address: 21110 BISCAYNE BOULEVARD 18900 NE 25TH AVENUE SUITE 308 SUITE 213 NORTH MIAMI BEACH, FL 33180 AVENTURA, FL 33160 US FEI Number: 20-0910012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUB, BENY MD RUB, BENY MD 21110 BISCAYNE BOULEVARD 18900 NE 25TH AVENUE SUITE 308 SUITE 213 AVENTURA, FL 33160 US NORTH MIAMI BEACH, FL 33180 US 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: 06/30/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HATCH, VICKI E RD, LDN Name: Name: Address: 2150 NE 206TH STREET Address: City-St-Zip: MIAMI, FL 33179 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition RUB, BENY MD Name: Name: Address: 698 NORTH ISLAND Address: GOLDEN BEACH, FL 33160 US City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VICKI HATCH MRS 06/30/2005