2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# L04000022682

Entity Name: PEDSPOWER: NUTRITION AND FITNESS CENTER LLC

Current Principal Place of Business:

18900 NE 25TH AVENUE
SUITE 213
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

18900 NE 25TH AVENUE
SUITE 213
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

18900 NE 25TH AVE
SUITE 213
NORTH MIAMI BEACH, FL 33180 US

FEI Number: 20-0910012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUB, BENY MD
18900 NE 25TH AVENUE
SUITE 213
NORTH MIAMI BEACH, FL 33180 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: HATCH, VICKI E RD, LDN
Address: 2150 NE 206TH STREET
City-St-Zip: MIAMI, FL 33179 US

Title: MGRM ( ) Delete
Name: RUB, BENY MD
Address: 698 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160 US

Title: MGRM (X) Delete
Name: RUB, JOSE MARK MD
Address: 2050 NE 210TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RUB, BENY MD
Address: 698 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

Title: MGRM (X) Change ( ) Addition
Name: RUB, JOSE M MD
Address: 2050 NE 210TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: BENY RUB DR. 02/26/2007

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