2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007
Secretary of State

DOCUMENT# L04000051496

Entity Name: HOLISTIC HEALTH CENTER, LLC.

Current Principal Place of Business:

4343 WEST FLAGLER ST
SUITE 101
MIAMI, FL 33145

New Principal Place of Business:

511 SANTANDER AVE
APT #2
CORAL GABLES, FL 33134

Current Mailing Address:

511 SANTANDER AVE
APT #2
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1595032 **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:

ZURBARAN, MARJORIE
511 SANTANDER AVE
APT # 2
CORAL GABLES, FL 33134 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: ZURBARAN, MARJORIE
Address: 511 SANTANDER
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ZURBARAN, MARJORIE
Address: 511 SANTANDER AVE APT #2
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: MARJORIE ZURBARAN MGRM 06/11/2007

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