

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90041 001 ****50.00

DOCUMENT # L05000027170 1. Entity Name SCIENTIFIC WELLNESS SOLUTIONS, L.L.C.			
Principal Place of Business 1250 SOUTH MIAMI AVENUE SUITE 914 MIAMI, FL 33130		Mailing Address 1250 SOUTH MIAMI AVENUE SUITE 914 MIAMI, FL 33130	
2. Principal Place of Business 1250 SOUTH MIAMI AVE		3. Mailing Address 7105 SW 8 STREET	
Suite, Apt. #, etc. 1614		Suite, Apt. #, etc. 306	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33130		Zip 33144	
Country 		Country 	
4. FEI Number 20-2806847		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL, FL 33331		7. Name and Address of New Registered Agent Name ARIAS, FABIOLA Street Address (P.O. Box Number is Not Acceptable) 7105 SW 8 STREET STE 306 City MIAMI, FL 33144 FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 04.20.06 <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAM, JORGE E 1198 GOLDEN CANE DR. WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 SOUTH MIAMI AV #1614 Miami FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: JORGE E. ELIAM		Date 04.20.06 Daytime Phone # 305 2263443	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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