2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L06000019936

Entity Name: HOLISTIC HEALTH STUDIO, LLC

Current Principal Place of Business:

5700 COLLINS AVENUE STE 16M
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

112 NE 41ST STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-4318787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEFF, STEVEN
112 41ST STREET
MIAMI, FL 33137 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: BEN-ZION, ESTER PH.D.
Address: 5700 COLLINS AVENUE STE 16M
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete
Name: BEN-ZION, AMIR
Address: 5700 COLLINS AVENUE STE 16M
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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

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

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: ESTER BENZION MGRM 01/22/2008

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