2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2007
Secretary of State

DOCUMENT# L06000098215

Entity Name: MATERNAL SOLUTIONS, LLC

Current Principal Place of Business:

10440 NW 131ST STREET
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

19442 NW 23 PLACE
PEMBROKE PINES, FL 33018

Current Mailing Address:

10440 NW 131ST STREET
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

IGLESIAS, ZOILA M
10440 NW 131ST STREET
HIALEAH GARDENS, FL 33018 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: MGR ( ) Delete
Name: IGLESIAS, ZOILA M
Address: 10440 NW 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: MGR ( ) Delete
Name: VILLAVICENCIO, SONIA
Address: 10440 NW 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: VILLAVICENCIO, SONIA
Address: 19442 NW 23 PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

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: ZOILA M. IGLESIAS MGR 08/11/2007

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