

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099064

FILED
Apr 25, 2007
Secretary of State

Entity Name: WELLNESS SYSTEM FOR ALL, LLC

Current Principal Place of Business:

11450 NW 67 TERRACE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11450 NW 67 TERRACE
DORAL, FL 33178

New Mailing Address:

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

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: ROMERO, LUIS R
Address: 11450 NW 67 TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: CRALLE, RAY
Address: 410 NE 2ND STREET
City-St-Zip: DELRAY BEACH, FL 33483

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: ROMERO, LUIS

MGR

04/25/2007

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