

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115259

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: HARMONY WELLNESS VENTURE, INC.

**Current Principal Place of Business:**

6270 SW 8TH COURT  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

6270 SW 8TH COURT  
NORTH LAUDERDALE, FL 33068 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

EMILIMOR, JOHN DR.  
6270 SW 8TH COURT  
NORTH LAUDERDALE, FL 33068 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: COO ( ) Delete  
Name: EMILIMOR, JOHN DR.  
Address: 6270 SW 8TH COURT  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: CEO ( ) Delete  
Name: ERZAH, ISAAC DR.  
Address: 7797 GRANDE STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: CFO ( ) Delete  
Name: EMILIMOR, LILEEN MRS.  
Address: 6270 SW 8TH COURT  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: SEC. ( ) Delete  
Name: ERZAH, MARIA MRS.  
Address: 7797 GRANDE STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

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

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

Title: DIR ( ) Change (X) Addition  
Name: ABIDOYE, JAMESON O MR  
Address: 9840 NW 31 PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: DIR ( ) Change (X) Addition  
Name: ABIDOYE, ABIOLA O MRS  
Address: 9840 NW 31 PLACE  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN EMILIMOR

COO

04/14/2007

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