

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90153 014 \*\*\*138.75

|   |  |   |   |                                       |  |
|---|--|---|---|---------------------------------------|--|
| <b>DOCUMENT # L07000073815</b>  |  |   |   |                                       |  |
| <b>1. Entity Name</b><br>SALUD Y BUENA VIDA, LLC  |  |   |   |                                       |  |
| <b>Principal Place of Business</b><br>19455 SW 78 CT<br>MIAMI, FL 33157   |  |   | <b>Mailing Address</b><br>19455 SW 78 CT<br>MIAMI, FL 33157   |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>6718 Main Street   |  | <b>3. Mailing Address</b><br>Same as 2. |   |                                       |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                     |   |                                       |  |
| <b>City &amp; State</b><br>Miami Lakes  |  | <b>City &amp; State</b>                 |   |                                       |  |
| <b>Zip</b><br>FL  | <b>Country</b><br>33014  | <b>Zip</b>                              | <b>Country</b>  | <b>4. FEI Number</b><br>26-0563356    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |   | <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>OCHOA, NESTOR<br>19455 SW 78 CT<br>MIAMI, FL 33157  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: Laura Gonzalez<br>Street Address (P.O. Box Number is Not Acceptable):<br>6718 Main Street<br>City: Miami Lakes FL Zip Code: 33014 |                                       |  |
| <b>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.</b>  |  |   |   |                                       |  |
| SIGNATURE: <i>[Signature]</i> <span style="float: right;">3-8-08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |                                       |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |                                       |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>OCHOA, NESTOR<br>19455 SW 78 CT<br>MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>AMADOR, ERNESTO<br>7630 TAFT ST<br>PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SOBERON, HECTOR<br>46 BIRCH DR<br>HOLLYWOOD, FL 33026 <input checked="" type="checkbox"/> Delete   |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GONZALES, LAURA<br>11780 SW 89TH STREET #201<br>MIAMI, FL 33186 <input type="checkbox"/> Delete   |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GONZALES, LAURA<br>6718 Main Street<br>Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |   |                                       |  |
| <b>10. ADDITIONS / CHANGES</b>  |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |                                       |  |
| <b>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.</b> |  |   |   |                                       |  |
| SIGNATURE: <i>[Signature]</i> <span style="float: right;">3/8/08</span><br><small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |   |   |                                       |  |