

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088852

FILED
Apr 14, 2008
Secretary of State

Entity Name: GLOBAL WELLNESS INTERNATIONAL, LLC

Current Principal Place of Business:

2111 NW 60TH CIRCLE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

2111 NW 60TH CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 26-0831190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEITMAN, LORN
8660 WEST FLAGLER ST
#200
MIAMI, FL 33144 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: HAAS, BRUCE
Address: 2111 NW 60TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAAS, JUDITH
Address: 2111 NW 60TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Change (X) Addition
Name: KABAK, MICHELLE H MGRM
Address: 200 LESLIE DRIVE APT 928
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM () Change (X) Addition
Name: HAAS, BRUCE S MGRM
Address: 2111 N.W. 60TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

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: JUDITH HAAS

MGR

04/14/2008

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