

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112590

FILED
Feb 01, 2008
Secretary of State

Entity Name: SALUD Y NUTRICION

Current Principal Place of Business:

2764 DAVID BLVD.
FORT LAUDERDLE, FL 33312

New Principal Place of Business:

2764 DAVIE BLVD.
FORT LAUDERDALE, FL 33312

Current Mailing Address:

2764 DAVID BLVD.
FORT LAUDERDLE, FL 33312

New Mailing Address:

2764 DAVIE BLVD.
FORT LAUDERDALE, FL 33312

FEI Number: 26-1405616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTON, OLGA L MRS
2519 MARATHON LANE
FORT LAUDERDALE, FL 33312 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: PARTON, OLGA L MRS
Address: 2519 MARATHON LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: GUTIERREZ, ALEJANDRO SR
Address: 440 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: ALVAREZ, MARTHA C MRS
Address: 100 BAY VIEW DRIVE APT. 1415
City-St-Zip: SUNNY ISLE, FL 33160

Title: MGRM () Delete
Name: CARDONA, ADRIANA M MRS.
Address: 15535 MIAMI LAKEWAY NORTH APT. 110
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GUTIERREZ, ALEJANDRO MR
Address: 440 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Change () Addition
Name: ALVAREZ, MARTHA C MRS
Address: 100 BAYVIEW DRIVE APT 1415
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: OLGA L PARTON

MS

02/01/2008

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