2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013810

Current Principal Place of Business:

COSSIO, IVAN

MGRM

MGRM

1301 NE MIAMI GARDEN DR # 306

(X) Delete

(X) Delete

NORTH MIAMI, FL 33179

NORTH MIAMI, FL 33161

100 BAYVIEW DR # 1415

SUNNY ISLES, FL 33160

ESTRADA, ROSALBA

PINILLA, MAURICIO

850 NE 129 ST

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: NUTRICION Y SALUD, LLC

FILED Apr 29, 2009 Secretary of State

New Principal Place of Business:

237 NW 12 AVE MIAMI, FL 33128 **New Mailing Address: Current Mailing Address:** 237 NW 12 AVE MIAMI, FL 33128 FEI Number: 26-1924432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ECHAVARRIA, ALVARO PINILLA, MAURICIO 100 BAYVIEW DR 237 NW 12TH AVENUE 1415 SUNNY ISLES, FL 33160 US MIAMI, FL 33128 US 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: MAURICIO PINILLA 04/29/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition ECHAVARRIA, ALVARO Name: PINILLA, MAURICIO Name: 100 BAYVIEW DR # 1415 Address: 237 NW 12TH AVENUE, SUITE E Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: MIAMI, FL 33128 Title: MGRM () Delete Title: MGRM (X) Change () Addition ALVAREZ, MARTHA Name: COSSIO, IVAN Name: Address: 100 BAYVIEW DR # 1415 Address: 237 NW 12TH AVENUE, SUITE E City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: MIAMI, FL 33128 Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

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SIGNATURE: MAURICIO PINILLA MGRM 04/29/2009