MAY-18-2006 09:47 FROM:EXPERT BUSINESS SERV 3055673110 TO

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Secretary of State
06-28-2006 90096 011 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006752

1. Entity Name
BIOHEALTH LLC

Principal Place of Business	Mailing Address
25 GREYSTONE MANOR LEWES, DE 19958	~~25 GREYSTONE MANOR LEWES, DE 19958~~

400J7JU4

05182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		201 SOUTH BISCAYNE BLV	
Suite, Apt #, etc.		Suite, Apt. #, etc. 1350	
City & State		City & State MIAMI	
Zip	Country	Zip 33131	Country MIAMI DADE

4. FEI Number 38-3731760 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FASTKIT 2131 NW 79TH AVENUE MIAMI, FL 33122	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, ANDRES M 25 GREYSTONE MANOR LEWES, DE 19958	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOBET, MANUEL 201 S. BISCAYNE BLVD. MIAMI, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ______________________ 5-24-06 305-350-0976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #