

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032693

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: HAR RETAIL OF BAYSIDE, INC

## Current Principal Place of Business:

BAYSIDE MALL  
BISCAYNE BLVD  
MIAMI, FL 33133

## New Principal Place of Business:

BAYSIDE MALL  
401 BISCAYNE BLVD # N 215  
MIAMI, FL 33132 US

## Current Mailing Address:

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

## New Mailing Address:

FEI Number: 20-2457502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALTIT, ALAIN  
Address: 299 COCOPLUM ROAD  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: VP ( ) Delete  
Name: OZIEL, REUVEN  
Address: 1401 PINES BLVD SUITE # 358  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP ( ) Delete  
Name: OZIEL, HAREL  
Address: 1401 PINES BLVD SUITE # 358  
City-St-Zip: PEMBROKE PINES, FL 33026 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALTIT, ALAIN  
Address: 299 COCO PLUM ROAD  
City-St-Zip: CORAL GABLES, FL 33143 US

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN ALTIT

P

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date