

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90026 010 ***150.00

DOCUMENT # 833125

1. Entity Name
BALA INVESTMENTS N.V.



Principal Place of Business
**C/O SHUTTS & BOWEN LLP
201 S BISCAYNE BLVD, SUITE 1500 (JDB)
MIAMI, FL 33131**

Mailing Address
**C/O SHUTTS & BOWEN LLP
201 S BISCAYNE BLVD, SUITE 1500 (JDB)
MIAMI, FL 33131**

00000001



01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1555612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOHOROS, MOISES
STREET ADDRESS	% 201 S BISCAYNE 16TH FL
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	YOHOROS, DAVID M.
STREET ADDRESS	% 201 S BISCAYNE 16TH FL
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	COVENANT MANAGEES NV
STREET ADDRESS	100 CHOPIN PLAZA 16TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	BEHEERSKANTOR, LEX
STREET ADDRESS	PIETERMAAI 23
CITY-ST-ZIP	CURACAO, NETH, ANTIL.
TITLE	D
NAME	DAYAN, GAY ALEGRE Y
STREET ADDRESS	100 CHOPIN PLAZA 16TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	HAMOUI DE YOHOROS, CAMELIA
STREET ADDRESS	100 CHOPIN PLAZA 16TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #