


FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 007 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 833125 1. Entity Name BALA INVESTMENTS N.V.	
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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
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1555612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOHOROS, MOISES % 201 S BISCAYNE 16TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOHOROS, DAVID M. % 201 S BISCAYNE 16TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVENANT MANAGEES NV 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHEERSKANTOR, LEX PIETERMAAI 23 CURACAO, NETH, ANTIL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYAN, GAY ALEGRE Y 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMOUI DE YOHOROS, CAMELIA 100 CHOPIN PLAZA 16TH FLOOR 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: Moises Yohoros Date: 4-20-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-379-9106 Daytime Phone #