

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833125

FILED
Jan 21, 2009
Secretary of State

Entity Name: BALA INVESTMENTS N.V.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1555612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI, FL 33131 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: PD () Delete
Name: YOHOROS, MOISES,
Address: % 201 S BISCAYNE 16TH FL
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: YOHOROS, DAVID M.,
Address: % 201 S BISCAYNE 16TH FL
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: COVENANT MANAGEES NV,
Address: 100 CHOPIN PLAZA 16TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BEHEERSKANTOR, LEX,
Address: PIETERMAAI 23
City-St-Zip: CURACAO, NETH, ANTIL,

Title: D () Delete
Name: DAYAN, GAY ALEGRE Y
Address: 100 CHOPIN PLAZA 16TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: HAMOUI DE YOHOROS, CAMELIA
Address: 100 CHOPIN PLAZA 16TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: EYLEN COLLAZO

Electronic Signature of Signing Officer or Director

PM

01/21/2009

_____ Date