

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007535

Entity Name: MAALOT REALTY, L.L.C.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1428 BRICKELL AVE., PH
MIAMI, FL 33131

New Principal Place of Business:

300 WEST 41 STREET
201A
MIAMI, FL 33140

Current Mailing Address:

4044 MERIDIAN AVE
#3A
MIAMI BEACH, FL 33140

New Mailing Address:

300 WEST 41 STREET
201A
MIAMI, FL 33140

FEI Number: 75-3045720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANASTER, JOSHUA D ESQ
1428 BRICKELL AVE., PH
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MORDECHAI, BOAZIZ
300 WEST 41 STREET
201A
MIAMI BEACH, FL 33140 US

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: MORDECHAI BOAZIZ

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOAZIZ, MORDECHAI
Address: 16450 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: MGR () Delete
Name: PROSPER, LEVY
Address: 16450 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOAZIZ, MORDECHAI
Address: 300 WEST 41 STREET #201A
City-St-Zip: MIAMI BEACH, FL 33140

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 is true and accurate and that my electronic 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: MORDECHAI BOAZIZ

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date