

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001333

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: HYH II, INC.

**Current Principal Place of Business:**

3500 N OCEAN BLVD  
FORT LAUDERDALE, FL 333086752

**New Principal Place of Business:**

**Current Mailing Address:**

3500 N OCEAN BLVD  
FORT LAUDERDALE, FL 333086752

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAZARUS, DAVID M  
900 N FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

LAZARUS, DAVID M  
18901 NE 29TH AVENUE  
SUITE 100  
AVENTURA, FL 33180 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: DAVID LAZARUS

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: LIPSZYC, RABBI MOISHE M  
Address: 3500 N OCEAN BLVD  
City-St-Zip: FORT LAUDERDALE, FL 333086752

Title: DP ( ) Delete  
Name: TOURCAN, DIANNE  
Address: 12 RUE DE LA CORRATERIE  
City-St-Zip: 1204 GENEVA SWITZERLAND, OC

Title: DS ( ) Delete  
Name: LEVINE, MIMI  
Address: 11510 SHADOW WAY  
City-St-Zip: HOUSTON, TX 770245216

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RABBI MOISHE M LIPSZYC

DV

01/07/2008

Electronic Signature of Signing Officer or Director

Date