2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005664

FILED May 05, 2009 Secretary of State

Entity Name: BEIT YAACOV, INC. **Current Principal Place of Business: New Principal Place of Business:** 19275 MYSTIC POINTE DRIVE AVENTURA, FL 33180 **Current Mailing Address: New Mailing Address:** 19275 MYSTIC POINTE DRIVE AVENTURA, FL 33180 FEI Number: 65-0870316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENTHAL, ALAN S ESQ ROSENTHAL, ALAN S ESQ. 2875 N.E. 191ST STREET, SUITE 500 ONE AVENTURA AVENTURA, FL 33180 20900 N.E. 30TH AVE #600 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: 05/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRAKA, DAVID Name: Name: Address: 19500 TURNBERRY WAY, UNIT 3A Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: TST Title: TST () Delete (X) Change () Addition Name: BRAKA, IVOR Name: BRAKA, IVOR Address: 74 JEROME AVE. Address: 450 7TH AVE 45TH FLOOR City-St-Zip: DEAL, NJ 07723 City-St-Zip: NEW YORK, NY 10123 Title: () Delete Title: () Change () Addition SABA, EDUARDO Name: Name: PASEO DE LAS PALMAS 1435,COL.LOMAS DE CHAP Address: Address: City-St-Zip: ULTEPEC, MEXICO D.F., 01100 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: IVOR BRAKA VP 05/05/2009