

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032693

FILED
Apr 20, 2007
Secretary of State

Entity Name: HAR RETAIL OF BAYSIDE, INC

Current Principal Place of Business:

BAYSIDE MALL
BISCAYNE BLVD
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

FEI Number: 20-2457502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYAL, PATRICK
208 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: PATRICK MOYAL

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALTIT, ALAIN
Address: 299 COCOPLUM ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: OZIEL, REUVEN
Address: 1401 PINES BLVD SUITE # 358
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: OZIEL, HAREL
Address: 1401 PINES BLVD SUITE # 358
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALTIT, ALAIN
Address: 299 COCOPLUM ROAD
City-St-Zip: CORAL GABLES, FL 33143 US

Title: VP (X) Change () Addition
Name: OZIEL, REUVEN
Address: 1401 PINES BLVD SUITE # 358
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP (X) Change () Addition
Name: OZIEL, HAREL
Address: 1401 PINES BLVD SUITE # 358
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAIN ALTIT

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date