

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90135 023 ***150.00

DOCUMENT # P12085

1. Entity Name
CHAI INVESTMENTS COMPANY N.V.



Principal Place of Business
132 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Mailing Address
132 MINORCA AVENUE
CORAL GABLES, FL 33134 US

50065029



08162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
20814 West Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
20814 West Dixie Hwy
Suite, Apt. #, etc.

City & State
Aventura, Fl.

City & State
Aventura, Fl.

Zip Country
33180 Miami-Dade

Zip Country
33180 Miami-Dade

4. FEI Number
59-2777780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, CHRISTOPHER J
100 NORTH BISCAYNE BLVD., 21ST
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name
Beile Edelstein

Street Address (P.O. Box Number is Not Acceptable)
20814 W. Dixie Hwy

City
Aventura, FL Zip Code
33180

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *x Beile Edelstein*

9/1/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME VAISBERG, LEON
STREET ADDRESS 21107 NE 24TH AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE PSTD ☒ Delete
NAME EDELSTEIN, BEILE
STREET ADDRESS 21107 NE 24TH AVE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST Beile Edelstein ☐ Change ☒ Addition
NAME
STREET ADDRESS 20814 W Dixie Hwy
CITY-ST-ZIP Aventura, Fla 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Beile Edelstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #