


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90067 025 \*\*\*150.00

<b>DOCUMENT # P94000016956</b>		
1. Entity Name BAY TERRACE CLUB, INC.		

Principal Place of Business 1732 & 1756 COLLINS AVE MIAMI BEACH, FL 33139 US	Mailing Address C/O EDWARD KORN 450 SEVENTH AVE #1109 NEW YORK, NY 10123 US
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2. Principal Place of Business <i>4 EAST 28<sup>TH</sup> STREET</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>NEW YORK, NY</i>	City & State
Zip <i>10016</i>	Country <i>USA</i>

01312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0476071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LABOCK, VERED 1401 COLLINS AVENUE MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code
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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.	DATE <i>2/1/05</i>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLAZER, RONEN 1401 COLLINS AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>314 WEST 55TH STREET NEW YORK, NY 10019</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEIT-HALCHMAY, DAVID 1401 COLLINS AVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11 LYNN DRIVE ENGLEWOOD, NJ 07631</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information submitted 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: <i>X [Signature]</i>	DATE: <i>2/1/05</i>