2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2007 08:00 A Secretary of State DOCUMENT # P97000031966 ELYSEE OF AVENTURA, INC. Principal Place of Business Mailing Address 210-71 STREET 210-71 STREET #309 #309 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 No Chg-P 01222007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0742448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S DO NOT WRITE 317 - 71ST STREET MIAMI BEACH, FL. 33141 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) pleade. **最后的心理性** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE YEHEZKEL, HAIM NAME 210-70 STREET #309 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 U00000618039 TITLE 02/08/07-80014-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 a flother life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-SY-ZIP

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E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a/24/07 305-864-888

FILED