2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # S54688 1. Entity Name ELYSEE INVESTMENT COMPANY OF MIAMI BEACH, INC.					01-29-2007	90092 041 ***15	50.00	
Principal Place of Business 210-220 71 ST MiAMI BCH, FL 33141 US STE 2001 FORT LAUDERDALE, FL 33394 US								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 210 715t Street								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				0119200	7 Chg-P	CR2E034 (12/06)		
Miami Beach, FL City & State					4. FEI Number Applied For 22-3119986 Not Applicable			
331L			Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
YEHEZKEL, HAIM 210 71 STREET				Street Address (P.O. Box Number is Not Acceptable)				
#309 : MIAMI BEACH, FL 33141				<u> </u>				
			City			FL Zip Cod	le	
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 lamiliar with, and accept the obligations of registered agent								
SIGNATURE								
Signature, typed or printed name of registured agent and title if applicable (NOTE Registered Agent signature requiring when remarking) (NATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	. OFFICERS AND	DIRECTORS	11.	ADDITION	IS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
NAME	PD YEHEZKÉL, HAIM	☐ Delete	TITLE NAME	0.5.5	Charl C	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	20191 E COUNTRY CLUB DR N MIAMI BEACH, FL		STREET ADDRESS CHY-ST-ZIP	Miami &	Street, S	309 33141		
TITLE	V NUCCAECI DOV	Delete	TITLE		J.EOC. III. C	Change	Addition	
name Street address	MUSSAFFI, ROY 68-41 FLETT STREET		NAME STREET ADDRESS:	210 71s	1 Street	, Ste 30	1	
CITY-S1-ZIP	FOREST HILLS, NY 11375	Delete	CITY - ST - ZIP	Miami (Beach, P	L 33141	☐ Addition	
NAME		Delete	NAME			Change		
STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS CITY ST-ZIP					
HTLE NAME	_	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		•		ĺ	
TIFLE		☐ Delete	TIFLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY-SI-ZIP		<u></u>			
NAME		☐ Delete	NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing 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 all other like empowered.								