


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S67870 1. Entity Name ELYSEE INVESTMENT OF SURFSIDE, INC.	
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FILED
 04 NOV 12 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6950 COLLINS AVE MIAMI BCH, FL 33140 US	Mailing Address 210-71 STREET #309 MIAMI BEACH, FL 33141 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 11-3123934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YEHEZKEL, HAIM 317-71 STREET MIAMI BEACH, FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P YEHEZKEL, HAIM 210-71 ST #309 MIAMI BEACH, FL 33141	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042693077 11/12/04--01048--005 **150.00
TITLE	V MUSSAFFI, ROY 210-71 STREET #309 MIAMI, FL 33141	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S SHLOMO, O Z 210-71 STREET #309 MIAMI BEACH, FL 33141	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Haim* 11-8-04 305-864-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #