


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S67870
 1. Entity Name
 ELYSEE INVESTMENT OF SURFSIDE, INC.



Principal Place of Business: 6950 COLLINS AVE, MIAMI BCH, FL 33140 US
 Mailing Address: 210-71 STREET #309, MIAMI BEACH, FL 33141 US

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 11-3123934 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 YEHEZKEL, HAIM
 317-71 STREET
 MIAMI BEACH, FL 33141

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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: *Haim*
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
After May 1, 2005 Fee will be \$550.00

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

1101000229162
 02/14/05 00070 004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YEHEZKEL, HAIM
STREET ADDRESS	210-71 ST #309
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	V
NAME	MUSSAFFI, ROY
STREET ADDRESS	210-71 STREET #309
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	S
NAME	SHLOMO, O Z
STREET ADDRESS	210-71 STREET #309
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), 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 fees empowered.

SIGNATURE: *Haim*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #