2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM

DOCUMENT # S98157						Secretary of State			
1. Entity Name ELYSEE INVESTMENT COMPANY OF MIAMI BEACH II, INC.									
Principal Place	of Business	Mailing Address			7	•		-	
6958 COLLINS AVE. 210 71 STREET									
MIAMI BEACH, FL 33141 SUITE 309					l .				
MIAMI BEACH, FL 33141				S		IR TRIBUT DETRU MARIE BUCH ER	IBL BOOK BEDIT BIBST BIBLI BIBLI BIB	MARK IK INNL	
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112005	Chg-P	GR2E034 (10/03)		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Numb 22-314		No	oplied For ot Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	S8.75 Add		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VEHETVE	LIAIM	Name							
YEHEZKEL, HAIM				Street Address	(P.O. Box Numb	er is Not Acceptab	ole)		
SUITE 309		•							
	ACH, FL 33141	- ·- ·					}		
				City		7	FL Zip Cod	e	
• The		trainer for the purpose of chancelon D	o contetos	ad office or registe	rod acent or bo	ath, in the State of E		and accept	
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.									
Living Payor									
SIGNATURE Signature, typed or printed name of registered agent and tiple of 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 \$5.00 May Be Added to Fees									
10.	OFFICE C	RS AND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	P	Delete	TITLE	-			10223164 Change	Addition	
NAME	YENEZKEL, HAIM			1			-80070-005 is	_ (
STREET ADDRESS	·			ET ADDRESS		91141199	, coming many an)	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY	-ST-ZIP					
TITLE	VP Detete TITT					*	☐ Change	Addition	
NAME	MUSSAFFI, ROY		NAM	E					
STREET ADDRESS	210 71 STREET, SUITE	309	- , STRE						
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY	-ST-ZIP		 			
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CITY-ST-ZIP									
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STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	<u></u>			-ST-ZIP					
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 empowered.									
SIGNATURE: Hamin PM									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone of									