2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 08:00 Al Secretary of State DOCUMENT # S98160 1. Entity Name ELYSEE INVESTMENT COMPANY OF MIAMI BEACH III, INC. Principal Place of Business Mailing Address 6959 HARDING AVENUE 210-71 STREET MIAMI BEACH, FL 33141 #309 MIAMI BEACH, FL 33141 No Chg-P CR2F034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3200523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PIOTRWSKI, JOEL S 317-71 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Added to Fees Trust Fund Contribution. U00000798673 OFFICERS AND DIRECTORS M730708-80036-022 150.00 10. TITLE YEHEZKEL, HAIM NAME STREET ADDRESS 210-71 STREET #309 CITY-ST-ZIP MIAMI, FL 33141 TITLE MUSSAFFI, ROY NAME 210-71STREET #309 STREET ADORESS MIAMI, FL 33141 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS Crty-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 peport 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 tipe empowered.

NAME STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR