


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 722908
 1. Entity Name
DAUGHTERS OF ISRAEL, INC.



Principal Place of Business Mailing Address
 2530 PINE TREE DRIVE 2850 PRAIRIE AVE
 MIAMI BEACH, FL 33140 US MIAMI BCH, FL 33140

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01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-0918183 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GALBET, ABRAHAM A
 999 WASHINGTON AVENUE
 MIAMI BEACH, FL 33139

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7. 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)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SIMON, SOREL
STREET ADDRESS	2850 PRAIRIE AVE
CITY-ST-ZIP	MIAMI BCH., FL 00000
TITLE	PD
NAME	KORF, RIVKA
STREET ADDRESS	1257 ALTON ROAD
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	SD
NAME	JANOWSKY, YEHUDIS
STREET ADDRESS	3791 ROYAL PALM AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/05-60188-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Sorel Simon SOREL Simon (1-17-05) 305-534-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #