


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 722908 1. Entity Name DAUGHTERS OF ISRAEL, INC.					
Principal Place of Business 2530 PINE TREE DRIVE MIAMI BEACH FL 33140 US		Mailing Address 2850 PRAIRIE AVE MIAMI BCH FL 33140			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALBET, ABRAHAM A 999 WASHINGTON AVENUE MIAMI BEACH FL 33139				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ U00000407007 02/07/06-80115-005 61.25 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					



1st MOORE CR2E037 (10/05)

4. FEI Number **59-0919183** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD SIMON, SOREL 2850 PRAIRIE AVE MIAMI BCH., FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD KORF, RIVKA 1257 ALTON ROAD MIAMI BCH, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD JANOWSKY, YEHUDIS 3791 ROYAL PALM AVENUE MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addit.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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*

L2401 305-5241421