

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90099 039 ****61.25

DOCUMENT # 752060

1. Entity Name

MIGDAL DAVID, INC.



Principal Place of Business

8565 W MCNAB RD
TAMARAC FL 33321

Mailing Address

8565 W MCNAB RD
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2064929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

GOLDFEIN, ROBERT
8500 NW 70TH STREET
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE PD
NAME SALOMON, GERSON ☐ Delete
STREET ADDRESS 7025 GOLF POINTE CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

TITLE D
NAME MUELLER, GARY ☒ Delete
STREET ADDRESS 12155 NW 46 ST.
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE TD
NAME GOLDFEIN, ROBERT ☐ Delete
STREET ADDRESS 8500 NW 70TH STREET
CITY-ST-ZIP TAMARAC FL 33321

TITLE SD
NAME HALPERN, SHEILA ☐ Delete
STREET ADDRESS 5700 COCO PALM DRIVE
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME BERNARD SINGER
STREET ADDRESS 7479 FAIRFAX DR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D ☐ Change ☒ Addition
NAME GABRIEL DRIMER
STREET ADDRESS 7312 N.W. 83RD WAY
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] AS PRESIDENT GERSON SALOMON 4/27/05 954-523-5753