2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State
07-05-2005 90223 015 ****61.25

DOCUMENT # F98000005060

1. Entity Name
AMERICAN RED MAGEN DAVID FOR ISRAEL, INC.

Principal Place of Business	Mailing Address
2100 E. HALLANDALE BEACH BLVD., #205 HALLANDALE, FL 33009	2100 E. HALLANDALE BEACH BLVD., #205 HALLANDALE, FL 33009

06302005 Chg-NP CR2E037 (10/03)

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 59-2052390 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT L
2100 E. HALLANDALE BEACH BLVD., #205
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name DONIN, LORRAINE
Street Address (P.O. Box Number is Not Acceptable)
2100 E. HALLANDALE BCH. BLVD • 205
City HALLANDALE FL Zip Code 33009

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 Lorraine Donin 6-30-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLINGHAM, STEPHEN DR 10403 SANTIAGO STREET COOPER CITY, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FAJARDO, LEONARD 19225 N.W. 10TH AVE. MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PICKMAN, ARTHUR 3261 VEDRA LAKE CIRCLE DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BROWN, WILLIAM 3340 N. 34TH ST. HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAFOFSKY, HARVEY 3430 N 32RD TERR HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, ROBERT L 17087 N.W. 10TH ST. PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONIN, LORRAINE 21185 MAINSAIL CIR. #D14 AVENTURA, FL. 33180	☐ Change ☒ Addition

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: Lorraine Donin LORRAINE DONIN, REGIONAL DIRECTOR 6/30/05 954-452-9766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #