2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F98000005060

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

Current Principal Place of Business:

2100 E. HALLANDALE BEACH BLVD., #205
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2100 E. HALLANDALE BEACH BLVD., #205
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-2052390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TS	( ) Delete
Name:	KRUGLANSKI, CPA, ANDREW	
Address:	7800 OAKLAND PARK BLVD. BLDG. G SUITE 121	
City-St-Zip:	SUNRISE, FL 33351	
Title:	S	( ) Delete
Name:	WILENTZ, LYNDA	
Address:	5811 SW 33 TER	
City-St-Zip:	FT. LAUDERDALE, FL 33312	
Title:	PD	( ) Delete
Name:	SOLODKIN, ERICA	
Address:	3501 N. 52ND ST.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	VP	( ) Delete
Name:	FOX, NEIL	
Address:	17843 FOXBOROUGH LANE	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	C	( ) Delete
Name:	RAFOFSKY, HARVEY	
Address:	3430 N 32RD TERR	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	ROBERT, SCHWARTZ	
Address:	17087 NW 10TH ST.	
City-St-Zip:	PEMBROKE PINES, FL 33028	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SCHWARTZ MR. 01/14/2009

Electronic Signature of Signing Officer or Director — Date