
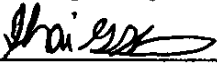


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90112 038 \*\*\*\*61.25

<b>DOCUMENT # N12756</b>			
1. Entity Name <b>UNITED ISRAEL CHARITIES, INC.</b>			
Principal Place of Business <b>200 BONNIE CT. SATELLITE BEACH, FL 32937-3003 US</b>		Mailing Address <b>P.O. BOX 880085 BOCA RATON, FL 33488-0085 US</b>	
2. Principal Place of Business <b>21906 LAKE FOREST CIR</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>APT # 201</b>		Suite, Apt. #, etc.	
City & State <b>BOCA RATON</b>		City & State	
Zip <b>33433</b>		Country	
Country <b>PAIM BEACH</b>		Country	
4. FEI Number <b>59-2659890</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GOLDSTEIN, GERALD RABBI 499 GRANT AVE. SATELLITE BEACH, FL 32937</b>		7. Name and Address of New Registered Agent Name <b>SHAI GOLDSTEIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>21906 LAKE FOREST CIR. APT # 201</b> City <b>BOCA RATON</b> FL Zip Code <b>33433</b>	
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 		DATE <b>MAY 2005</b>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GOLDSTEIN, GERALD RABBI 200 BONNIE CT. SATELLITE BEACH, FL 329373003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>25 EAST AVE LAWRENCE, New York 11559-1003</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, DAVID ESQ. 8930 SLEEPING BEAR RD. SKOKIE, IL 60076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGER, DANIEL RABBI 662 LEFFERTS AVE. BROOKLYN, NY 11203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUCHAT, RACHEL 447 TROY AVE. BROOKLYN, NY 11203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RABBI BEN-TZION GOLDSTEIN P.O. BOX 5102 ASHKELON, ISRAEL 78150</b>
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"/> 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:**  **Rabbi Gerald Goldstein** **May 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #