


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42485**  
 1. Entity Name  
**MIGDAL TOWER OF LIGHT, INC.**



Principal Place of Business <b>4045 SHERIDAN AVENUE          SUITE 212          MIAMI BEACH, FL 33140 US</b>	Mailing Address <b>4045 SHERIDAN AVENUE          SUITE 212          MIAMI BEACH, FL 33140 US</b>
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02062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0344268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DONNER, NORMAN  
 4045 SHERIDAN AVENUE  
 SUITE 212  
 MIAMI BEACH, FL 33140**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUNGREIS, MEIR 3605 FLAMINGO DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHLONER, BARBARA D 17019 W DIXIE HWY N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLONER, LOYAL 18181 NE 31ST CT 407 N MIAMI BCH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUNGREIS, NILLIE 3605 FLAMINGO DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONNER, MICHUM 4045 SHERIDAN AVENUE, APT. 212 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONNER, EVELYN 4045 SHERIDAN AVE 212 MIAMI BCH, FL 33140

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 02/23/06-80080-015 70.00

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

SIGNATURE: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/06 - 3055343339  
 Date Daytime Phone #