

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # N42485 1. Entity Name MIGDAL TOWER OF LIGHT, INC.	
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Principal Place of Business 4045 SHERIDAN AVENUE SUITE 212 MIAMI BEACH, FL 33140 US	Mailing Address 4045 SHERIDAN AVENUE SUITE 212 MIAMI BEACH, FL 33140 US
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05082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0344268	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 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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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by September 14, 2007**

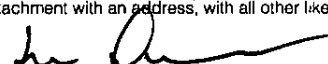
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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 SCHLONEGER, BARBARA D 17019 W DIXIE HWY N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLONEGER, 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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05/31/07-80022-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #