

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42485

FILED
Apr 28, 2009
Secretary of State

Entity Name: MIGDAL TOWER OF LIGHT, INC.

Current Principal Place of Business:

4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0344268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNER, NORMAN
4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH, FL 33140 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: PD () Delete
Name: JUNGREIS, MEIR
Address: 3605 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DVP () Delete
Name: SCHLONEGER, BARBARA D
Address: 17019 W DIXIE HWY
City-St-Zip: N MIAMI BEACH, FL 33160

Title: T () Delete
Name: SCHLONEGER, LOYAL
Address: 18181 NE 31ST CT 407
City-St-Zip: N MIAMI BCH, FL 33160

Title: T () Delete
Name: JUNGREIS, NILLIE
Address: 3605 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS () Delete
Name: DONNER, MICHUM
Address: 4045 SHERIDAN AVENUE, APT. 212
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: DONNER, EVELYN
Address: 4045 SHERIDAN AVE 212
City-St-Zip: MIAMI BCH, FL 33140

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: DS (X) Change () Addition
Name: DONNER, NUCHUM
Address: 4045 SHERIDAN AVENUE, APT. 212
City-St-Zip: MIAMI BEACH, FL 33140

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: NUCHMUM DONNER

DS

04/28/2009

Electronic Signature of Signing Officer or Director

Date