2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N9300000° GATION LEB"NAI ISRAEL				03-06-2006 90005 C	35 ****61	1.25	
851 N. NOB HILL RD. 280 PLANTATION, FL 33324 SUI		SUITE 208	2800 E. COMMERCIAL BLVD.					
Principal Place of Business 3. Mi		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02072006 Chg-NP CR2E037 (11/05)			
City & State		City & State	City & State		4. FEI Number Applied For 65-0485553 Not Applicable			
Zip	Zip Country Zip Cour			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent 7					dress of New Registered A	Agent		
KATZ, ALLEN H			Name					
SUITE 208			Street Address	s (P.O. Box Number is	Not Acceptable)		,	
FT. LAUDI 	ERDALE, FL 33308		City	City FL Zip Code				
the obligations of registered agent. SIGNATURE							· · · · · · · · · · · · · · · · · · ·	
10.	Due by May 1, 2006	Trust Fund Cor		Added to Fees	Florida Depart		3.1.1.1	
t —	OFFICERS AND DI	TIEOTONG	11.	ADDITIONS/CHANG	SES TO OFFICERS AND DIF	_		
- TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP	PD AMAR, CHARLES 401 N.W. 108TH AVENUE PLANTATION, FL 33324	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MABARI, DAVID 10208 N.W. 28TH PLACE SUNRISE, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SD AMAR, JACKY I 10400 GOLDEN EAGELE CT PLANTATION, FL 33324	☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	Addition	
NAME CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE YAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP.			☐ Change	☐ Addition:	

12. I hereby certify that the information supplied with this liling 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 frue 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 of the receiver of 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 or an attachment with an address, with all prifer like empowered.

TITLE

NAME -

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

Ö:TY-ST-ZIP

TURE AND TYPED OR PROMITED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete ·

3-206

Addition

☐ Change