


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # N98000000064
1. Entity Name
MIGDAL OHR, INC.



Principal Place of Business: 4045 SHERIDAN AVE., STE.217 MIAMI BEACH, FL 33140
Mailing Address: 4045 SHERIDAN AVE., STE.217 MIAMI BEACH, FL 33140



01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 65-0874316 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONNER, NUCHUM
4045 SHERIDAN AVE., STE.217
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIMPSON, BERNARD
STREET ADDRESS	7037 WOODMONT WAY
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	DS
NAME	DONNER, NUCHUM
STREET ADDRESS	4045 SHERIDAN AVE., STE.217
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	JUNGREIS, MEIR
STREET ADDRESS	3605 FLAMINGO DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	JUNGEIS, NILLIE
STREET ADDRESS	3605 FLAMINGO DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	KARRO, STEVE
STREET ADDRESS	4010 CHASE AVE., APT.215
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UNPROCESSED
04/25/05-80156-024 70.00

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

Date: 2/25/05 888 9913060
Daytime Phone #