

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90017 019 ****61.25

DOCUMENT.# N99000002902

1. Entity Name
ISRALIGHT SOUTH FLORIDA, INC.



Principal Place of Business
**7618 STOCKTON TERR.
 BOCA RATON, FL 33433**

Mailing Address
**7618 STOCKTON TERR.
 BOCA RATON, FL 33433**

2. Principal Place of Business
22145 BELMAR DRIVE
 Suite, Apt. #, etc.
2203

3. Mailing Address
P.O. Box 880943
 Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA

City & State
BOCA RATON, FL

Zip
33433 Country
U.S.

Zip
33488-0943 Country
U.S.

34010400



02022004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0915662

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FERTEL, MORTON
 7618 STOCKTON TERR.
 BOCA RATON, FL 33433**

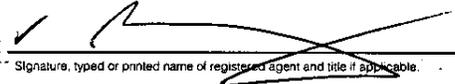
7. Name and Address of New Registered Agent

Name
BINYAMIN FREEDHAN

Street Address (P.O. Box Number is Not Acceptable)
22261 ALYSSUM WAY

City
BOCA RATON FL Zip Code
33433

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  _____

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

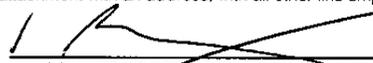
Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	RABBI, DAVID AARON 25 MISGAS CADAD JERUSALEM, ISRAEL.	TITLE RABBI DAVID AARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	BINYAMIN, FREEDHAN 22261 ALYSSUM WAY BOCA RATON, FL 33433	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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