
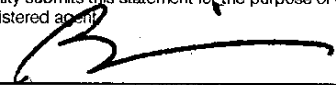
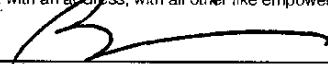


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90079 038 ****61.25

DOCUMENT # N99000002902			
1. Entity Name ISRALIGHT SOUTH FLORIDA, INC.			
Principal Place of Business 22145 BELHAR DRIVE #2203 BOCA RATON, FL 33433		Mailing Address P.O. BOX 880943 BOCA RATON, FL 33488-0943	
2. Principal Place of Business 7025 BERACASSA WAY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL.		City & State	
Zip 33433	Country	Zip	Country
4. FEI Number 65-0915662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREEDMAN, BINYAMIN 22145 BELHAR DRIVE BOCA RATON, FL 33433		Name FREEDMAN, BINYAMIN	
		Street Address (P.O. Box Number is Not Acceptable) 7025 BERACASSA 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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABBI, DAVID A	NAME	
STREET ADDRESS	25 MISGAV LADECH	STREET ADDRESS	
CITY-ST-ZIP	JERUSALEM, ISRAEL.	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINYAMIN, FREEDHAN	NAME	BINYAMIN FREEDMAN
STREET ADDRESS	22261 ALYSSUM WAY	STREET ADDRESS	P.O. Box 880943
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	BOCA RATON, FL. 33488-0943
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	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: 		Date 1/27/05 (561) 447-0592	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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01262005 Chg-NP CR2E037 (10/03)