

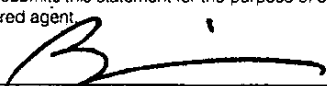
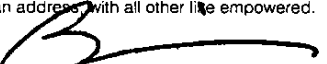


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90038 023 \*\*\*\*61.25

<b>DOCUMENT # N99000002902</b> 1. Entity Name ISRALIGHT SOUTH FLORIDA, INC.					
Principal Place of Business 7025 BERACASSA WAY BOCA RATON, FL 33433			Mailing Address P.O. BOX 880943 BOCA RATON, FL 33488-0943		
2. Principal Place of Business BOCA RATON, FL. Suite, Apt. #, etc. 7025 BERACASSA WAY		3. Mailing Address P.O. Box 880943 Suite, Apt. #, etc.		40101278 	
City & State BOCA RATON, FL.		City & State BOCA RATON FL.		4. FEI Number 65-0915662	
Zip 33488		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEDMAN, BINYAMIN 7025 BERACASSA WAY BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABBI, DAVID A 25 MISGAV LADECH JERUSALEM, ISRAEL.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREEDMAN, BINYAMIN PO BOX 880943 BOCA RATON, FL 334880943	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/20/06 Daytime Phone # (561) 447-0592	

Division of Corporations

www.sunbiz.org

**ATTACHMENT**  
**Division of Corporations**

40101278

**Annual Report**

Annual Report Help

Document Number

N99000002902

Business Entity Name

**ISRALIGHT SOUTH FLORIDA, INC.**

FEI Number

650915662

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address

7025 BERACASSA WAY

Suite, Apt. #, etc.

City, State

BOCA RATON

, FL

Zip Code & Country 33433

**Mailing Address**

Address

P.O. BOX 880943

Suite, Apt. #, etc.

City, State

BOCA RATON

, FL

Zip Code & Country 334880943

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

FREEDMAN

BINYAMIN

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) 7025 BERACASSA WAY

Suite, Apt. #, etc.

City, State

BOCA RATON

, FL

Zip Code & Country

33433

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**

40101278

#19900002902

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) RABBI , DAVID , A ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 25 MISGAV LADECH  
City, State JERUSALEM, ISRAEL  
Zip Code & Country

Title D  
Name (Last, First, Middle, Title) FREEDMAN , BINYAMIN , ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address PO BOX 880943  
City, State BOCA RATON FL  
Zip Code & Country 334880943

Title  
Name (Last, First, Middle, Title) , , ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

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#V99000002902

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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