


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N99000002902

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

40101278

2. Principal Place of Business
 BOCA RATON, FL.
 Suite, Apt. #, etc.
 7025 BERACASSA WAY
 City & State
 BOCA RATON, FL.
 Zip
 33488
 Country
 U.S.A.

3. Mailing Address
 P.O. Box 880943
 Suite, Apt. #, etc.
 City & State
 BOCA RATON FL.
 Zip
 33488-0943
 Country
 U.S.A.

07252006 Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0915662
 Applied For
 Not Applicable

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

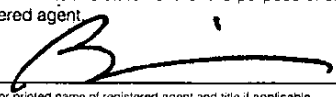
6. Name and Address of Current Registered Agent

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  DATE 4/20/06

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

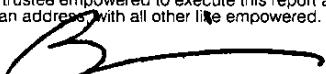
Filing Fee is \$61.25 Due by September 6, 2006

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 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	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	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	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	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 I am empowered.

SIGNATURE:  DATE 4/20/06 (561) 447-0592

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

Division of Corporations



ATTACHMENT 40101278
Division of Corporations

Annual Report

Annual Report Help

Document Number

N9900002902

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 BERCASSA 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

40101278

ATTACHMENT

#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

ATTACHMENT 40101278

Division of Corporations

Page 3 of 4

#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

Reset