

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004278

FILED
Jan 22, 2005
Secretary of State

Entity Name: BENEI YISRAEL INC.

Current Principal Place of Business:

9992 SW 196TH ST
MIAMI, FL 33157

New Principal Place of Business:

1330 FREEPORT DR
DELTONA, FL 32725

Current Mailing Address:

9992 SW 196TH ST
MIAMI, FL 33157

New Mailing Address:

1330 FREEPORT DR
DELTONA, FL 32725

FEI Number: 65-0938232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIAS, BARTOLOME E
9992 SW 196TH ST
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

FRIAS, BARTOLOME E
1330 FREEPORT DR
DELTONA, FL 32725 US

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.

SIGNATURE:

01/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRIAS, BARLDOME
Address: 9992 SW 196TH STREET
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: FRIAS, OBEDI
Address: 9985 MARLIN ROAD
City-St-Zip: MIAMI, FL 33157

Title: T (X) Delete
Name: FRIAS, ABDIEL
Address: 9992 SW 196TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRIAS, BARTOLOME
Address: 1330 FREEPORT DR
City-St-Zip: DELTONA, FL 32725

Title: T (X) Change () Addition
Name: FRIAS, ABDIEL
Address: 1330 FREEPORT DR
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARTOLOME E FRIAS

P

01/22/2005

Electronic Signature of Signing Officer or Director

Date