


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001758

1. Entity Name
BLANK CHARITABLE FOUNDATION, INC.



Principal Place of Business 4649 PONCE DE LEON BLVD 402 CORAL GABLES, FL 33146	Mailing Address 1172 SOUTH DIXIE HWY 497 CORAL GABLES, FL 33146
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04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 43-1953412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLANK, TONY
 4649 PONCE DE LEON BLVD
 402
 CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE

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 _____ (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

1100000157250
 05/06/04-80018-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLNAK, MARK 1172 SOUTH DIXIE HWY #497 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD BLANK, TONY 1172 S DIXIE HWY #497 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMAN, KAREN 1172 S DIXIE HWY #497 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: **4/13/04** Daytime Phone #: **708-620-2323**