

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 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

DO NOT WRITE IN THIS SPACE



05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number **43-1953412** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLANK, 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
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06 305-670-2323
 Date Daytime Phone #