
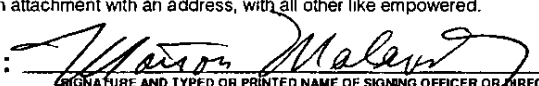


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90080 012 \*\*\*\*61.25

<b>DOCUMENT # N92000000623</b>			
1. Entity Name <b>FEDERATED CHARITIES, INC.</b>			
Principal Place of Business <b>4816 TAFT ST HOLLYWOOD FL 33021</b>		Mailing Address <b>4816 TAFT ST HOLLYWOOD FL 33021</b>	
2. Principal Place of Business <b>4816 Taft St</b> Suite, Apt. #, etc.		3. Mailing Address <b>4816 Taft St</b> Suite, Apt. #, etc.	
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>	
Zip <b>33021</b>	Country <b>Broward</b>	Zip <b>33021</b>	Country <b>Broward</b>
4. FEI Number <b>65-0379522</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MALAVSKY, MORTON 4816 TAFT ST. HOLLYWOOD FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALAVSKY, MORTON</b> <b>4816 TAFT ST.</b> <b>HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLUMENTHAL, FRED</b> <b>4816 TAFT ST.</b> <b>HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENICK, SYLVIA</b> <b>4816 TAFT ST.</b> <b>HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AZULAY, Y. JUDD</b> <b>35 S. WACKER DR.</b> <b>CHICAGO IL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KURLAND, SHELDON</b> <b>9853 PINES BLVD</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Morton Malavsky 2/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # <b>954 962-6222</b>



1st MOORE CR2E037 (10/04)