DOCUMENT# N1500000900

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CHARITY DONATIONS INC.

Current Principal Place of Business:

28-24 STEINWAY ST, UNIT215 **UNIT 215** ASTORIA, NY 11103

Current Mailing Address:

28-24 STEINWAY ST, UNIT215 **UNIT 215** ASTORIA, NY 11103 US

FEI Number: 47-2994893

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE 300 ST. PETERSBURG, FL 33702 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 | BILL HAVRE | | | 04/15/2019 |
|---------------------------|--|-----------------|--|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PST | Title | VP | |
| Name | SIERROS, CHRISTOS | Name | SIERROS, VASILIOS | |
| Address | 28-24 STEINWAY ST, UNIT215 UNIT 215 | Address | 28-24 STEINWAY ST, UNIT215 UNIT 215 | |
| City-State-Zip: | ASTORIA NY 11103 | City-State-Zip: | ASTORIA NY 11103 | |
| Title | VP | | | |
| Name | SIERROS, IOANNIS | | | |
| Address | 28-24 STEINWAY ST, UNIT215 UNIT 215 | | | |
| City-State-Zip: | ASTORIA NY 11103 | | | |

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOS SIERROS

Electronic Signature of Signing Officer/Director Detail

04/15/2019

Certificate of Status Desired: No