

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050170

Entity Name: CHARITY DEPOSITS CORP.**Current Principal Place of Business:**2103 CORAL WAY
SUITE 202
MIAMI, FL 33145**Current Mailing Address:**2103 CORAL WAY
SUITE 202
MIAMI, FL 33145**FEI Number:** 65-1063829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURDETTE, WILLIAM R
2103 CORAL WAY
SUITE 202
MIAMI, FL 33145 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEOS
Name BURDETTE, WILLIAM R
Address 2103 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title C
Name BURDETTE, WILLIAM R
Address 2103 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title VCTO
Name FERREIRO, GASPAR
Address 2103 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title PD
Name ESHER, ALEXANDRA
Address 2103 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title V
Name STILLMAN, JAY
Address 2103 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title D
Name FIELD, RICHARD D
Address 2103 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name BYRNE, JOE
Address 2103 CORAL WAY
SUITE 202
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name KRASNER, THOMAS P
Address 2103 CORAL WAY
SUITE 202
City-State-Zip: MIAMI FL 33145

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDRA ESHER

PD

04/21/2014

Electronic Signature of Signing Officer/Director Detail_____
Date