

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724136

FILED
May 11, 2005
Secretary of State

Entity Name: YABLICK CHARITIES, INC.

Current Principal Place of Business:

5712 NORTH BAY RD
MIAMI BCH., FL 331403631 US

New Principal Place of Business:

Current Mailing Address:

5712 NORTH BAY RD
MIAMI BCH., FL 331403631 US

New Mailing Address:

FEI Number: 59-1411171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOODMAN, JERROLD F.
5712 N BAY ROAD
MIAMI BEACH, FL 33140 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOODMAN, JANE
Address: 5712 N BAY ROAD
City-St-Zip: MIAMI BCH., FL

Title: HC () Delete
Name: GOODMAN, JERROLD F
Address: 5712 N BAY ROAD
City-St-Zip: MIAMI BCH., FL

Title: VD () Delete
Name: SCHWARTZ, RUTH
Address: 9801 COLLINS AVE S5L
City-St-Zip: MIAMI BCH., FL

Title: ST () Delete
Name: GOODMAN, JANE,
Address: 5712 N BAY ROAD
City-St-Zip: MIAMI BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANE GOODMAN

DP

05/11/2005

Electronic Signature of Signing Officer or Director

Date