

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90453 036 ****61.25

DOCUMENT # N02000009618					
1. Entity Name MARTIN G. YOUNGSTROM CHARITABLE FOUNDATION, INC.					
Principal Place of Business 3440 HOLLYWOOD BLVD., STE. 450 HOLLYWOOD, FL 33021			Mailing Address 3440 HOLLYWOOD BLVD., STE. 450 HOLLYWOOD, FL 33021		
2. Principal Place of Business 4010 SHERIDAN STREET		3. Mailing Address 4010 SHERIDAN STREET		60031738 	
Suite, Apt. #, etc. ATTN: DAVID A. KOFISKY		Suite, Apt. #, etc. ATTN: DAVID A. KOFISKY		04242006 Chg-NP CR2E037 (11/05)	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 11-3667938	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERLSTEIN, MITCHELL L ESQ. 4800 N. FEDERAL HWY., STE. 307-B BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOFISKY, DAVID <input type="checkbox"/> Delete 4141 N. 35TH AVE. HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFISKY, LIZ <input type="checkbox"/> Delete 4141 NORTH 35TH AVE. HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, MISTY <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD. SUITE 450 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINGER, MISTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4010 SHERIDAN STREET HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Misth Weinger, Director</i>			4/24/06 954-985-8319		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					