2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000623

City-St-Zip:

PEMBROKE PINES, FL

Entity Name: FEDERATED CHARITIES INC

FILED Jan 11, 2008 Secretary of State

Entity Nai	me: FEDERA	TED CHARITIES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
4816 TAFT HOLLYWO	Г ST DOD, FL 3302 [.]	1				
Current M	lailing Addres	s:	New Mailing Address:			
4816 TAFT HOLLYWO	Г ST DOD, FL 3302 [.]	1				
FEI Number	: 65-0379522	FEI Number Applied For()	FEI Number Not Appl	icable () Certific	cate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Re	gistered Agent:	
4816 TAFT	Y, MORTON FST. DOD, FL 3302	1 US				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	s registered office or	registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MALAVSKY, MO 4816 TAFT ST. HOLLYWOOD,		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () BLUMENTHAL, 4816 TAFT ST. HOLLYWOOD,		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () SENICK, SYLVI 4816 TAFT ST. HOLLYWOOD,		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () AZULAY, Y. JUI 35 S. WACKER CHICAGO, IL		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address:	D () KURLAND, SHE 9853 PINES BL		Title: Name: Address:	D (X) Change KURLAND, SHELDON 11011 SHERIDAN STRE	e () Addition EET, STE. 312	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

COOPER CITY, FL 33026

SIGNATURE: MORTON MALAVSKY D 01/11/2008