

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003070

FILED  
Apr 04, 2006  
Secretary of State

**Entity Name:** THE JACOB AND MALKA GOLDFARB CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1920 SOUTH OCEAN, #18-A  
HALLANDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1920 SOUTH OCEAN, #18-A  
HALLANDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-0837685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, DAVID  
3475 SHERIDAN ST.  
STE. 204  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: PSD ( ) Delete  
Name: PERSKI, LILI  
Address: 1604 BROOKHAVEN RD.  
City-St-Zip: WYNNWOOD, PA 19096

Title: D ( ) Delete  
Name: PERSKI, NOAM  
Address: 1920 SOUTH OCEAN, #18-A  
City-St-Zip: HALLANDALE, FL 33309

Title: T ( ) Delete  
Name: KARP, ALEXANDER  
Address: 3198 FULTON STREET  
City-St-Zip: SAN FRANCISCO, CA 94118

**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:

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

SIGNATURE: LILI PERSKI

PSD

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date