2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000001159

1. Entity Name 4747 CHARITY CORP.



Principal Place of Business

4747 COLLINS AVENUE

211

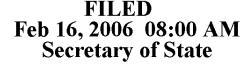
MIAMI BEACH, FL 33140

Mailing Address

4747 COLLINS AVENUE

APT 401

MIAMI BEACH, FL 33140





DO NOT WRITE IN THIS SPACE

02072008 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0896936

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KATZ, ALEXANDER 4747 COLLINS AVENUE **APT 401** MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

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 em familiar with, and accept
	the obligations of registered agent.	·

SIGNATURE.

Signature typed or printed name of registered agent and title if applicable.

(NCTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2006 P. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

tQ. OFFICERS AND DIRECTORS TITLE NAME KATZ, ALEXANDER STREET ADDRESS 4747 COLLINS AVE. CITY-ST-ZIP MIAMI BEACH, FL 33140 T171 F VPD FRUCHTER, SOL STREET ADDRESS 4747 COLLINS AVE. CITY-ST-ZIP MIAMI BEACH, FL 33140 NAME ROSENBERG, SAUL STREET ADDRESS 4747 COLLINS AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME FRUCHTER, ABE STREET ADDRESS **4747 COLLINS AVENUE** CITY-ST-ZIP MIAMI BEACH, FL 33140 TILE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000436439 02/28/Q6-80001-014 61.25

DO NOT WRITE IN THIS SPACE

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: 1

2845. SIGNING OFFICER OR DIRECTOR 305-534-618