

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-17-2008 90026 013 *****66.25
N99000001159

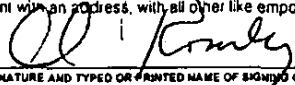
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2008 OCT 28 P 1: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0896936	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZ, ALEXANDER 4747 COLLINS AVENUE APT 401 MIAMI BEACH, FL 33140			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	KATZ, ALEXANDER		NAME	MALEK HERMAN	
STREET ADDRESS	4747 COLLINS AVE.		STREET ADDRESS	4747 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRUCHTER, SOL		NAME		
STREET ADDRESS	4747 COLLINS AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, SAUL		NAME		
STREET ADDRESS	4747 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRUCHTER, ABE		NAME		
STREET ADDRESS	4747 COLLINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  1/9/2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					