

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001159

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: 4747 CHARITY CORP.

## Current Principal Place of Business:

4747 COLLINS AVENUE  
# 211  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

## Current Mailing Address:

4747 COLLINS AVENUE  
APT 401  
MIAMI BEACH, FL 33140

## New Mailing Address:

4747 COLLINS AVENUE  
# 211  
MIAMI BEACH, FL 33140

FEI Number: 65-0896936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROSENBERG, SAUL  
4747 COLLINS AVENUE  
APT 211  
MIAMI BEACH, FL 33140 US

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: SAUL ROSENBERG

01/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KATZ, ALEXANDER  
Address: 4747 COLLINS AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete  
Name: FRUCHTER, SOL  
Address: 4747 COLLINS AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD (X) Delete  
Name: ROSENBERG, SAUL  
Address: 4747 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: FRUCHTER, ABE  
Address: 4747 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: MALEK, HERMAN  
Address: 4747 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ROSENBERG, SAUL  
Address: 4747 COLLINS AVE, APT 211  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: SAUL ROSENBERG

PTD

01/20/2009

Electronic Signature of Signing Officer or Director

Date