



FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # P95000046111 1. Entity Name ESTATE & CHARITY FUNDING NETWORK, INC.			
Principal Place of Business 600 92ND STREET SURFSIDE, FL 33154		Mailing Address 600 92ND STREET SURFSIDE, FL 33154	
DO NOT WRITE IN THIS SPACE			
		01072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0591147	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINER, REINALDO 600 92ND STREET SURFSIDE, FL 33154		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 am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000779010 01/11/08-80021-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINER, NEINALDO 600 92ND STREET SURFSIDE, FL 33154		
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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 607, 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: <u>Ronald B. Winer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-7-08 (305) 864-1804 <small>Date Daytime Phone #</small>	