

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001159

**FILED  
Jan 10, 2017  
Secretary of State  
CC7079923588**

**Entity Name:** 4747 CHARITY CORP.

**Current Principal Place of Business:**

4747 COLLINS AVENUE  
# 211  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4747 COLLINS AVENUE  
# 211  
MIAMI BEACH, FL 33140

**FEI Number:** 65-0896936

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           ROSENBERG, SAUL  
Address        4747 COLLINS AVE, APT 211  
City-State-Zip: MIAMI BEACH FL 33140

Title           VPD  
Name           FRUCHTER, SOL  
Address        4747 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33140

Title           D  
Name           FRUCHTER, ABE  
Address        4747 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title           S  
Name           MALEK, HERMAN  
Address        4747 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAUL ROSENBERG

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date