

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90016 003 ****70.00

DOCUMENT # N18194

1. Entity Name

YOUNG LAND USA INC.



Principal Place of Business

2260 NW 117TH ST
MIAMI FL 33167
US

Mailing Address

2260 NW 117TH ST
P.O. BOX 680580
MIAMI FL 33168
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

65-0030221

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILSON, MAMIE Y
2260 NW 117TH ST
MIAMI FL 33167

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, MAMIE Y ☐ Delete
STREET ADDRESS 2260 NW 117TH ST
CITY-ST-ZIP MIAMI FL 33167

TITLE SD
NAME WILSON, YVONNE ☐ Delete
STREET ADDRESS 11402 NW 22ND AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE D
NAME WILSON, WESLEY ☐ Delete
STREET ADDRESS 11400 N.W. 22ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE VPD
NAME WILSON, JOHN ☐ Delete
STREET ADDRESS 11434 NW 22ND AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TRUSTEE DIRECTOR
STREET ADDRESS YVONNE WILSON
CITY-ST-ZIP 11402 N.W. 22ND AVE
MIAMI FLA. 33167

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] MAMIE Y. WILSON President (305) 687-1218 3/18/08