

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001071

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: PROJECT Y.E.S., INC.

**Current Principal Place of Business:**

5275 SUNSET DRIVE  
MIAMI, FL 331435919

**New Principal Place of Business:**

**Current Mailing Address:**

5275 SUNSET DRIVE  
MIAMI, FL 331435919

**New Mailing Address:**

FEI Number: 65-0646667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUGATE, MARTHA  
6750 S.W. 59TH STREET  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: BARDEN, MARYE C  
Address: 5275 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33143

Title: DC ( ) Delete  
Name: OLDAKOWSKI, ROBERT  
Address: 5275 SUNSET DR  
City-St-Zip: MIAMI, FL 33143

Title: DT ( ) Delete  
Name: PERE, JOSE LUIS  
Address: 1901 BRICKELL AVENUE # 1707  
City-St-Zip: MIAMI, FL 33129

Title: DVC ( ) Delete  
Name: BLACK, PAULA  
Address: 3006 AVIATION AVE #3A  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: RABEN, KAREN  
Address: 6506 SW 92 ST  
City-St-Zip: MIAMI, FL 33156

Title: DC (X) Change ( ) Addition  
Name: BIRRITTELLA, TIM  
Address: 9800 WEST SUBURBAN DR  
City-St-Zip: PINECREST, FL 33156

Title: DT (X) Change ( ) Addition  
Name: KIRCHOFF, JAN  
Address: 3533 LOQUAT AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVC (X) Change ( ) Addition  
Name: VAZQUEZ, EMILIO  
Address: 290 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

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: TIM BIRRITTELLA

DC

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date