

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 01, 2004
Secretary of State**

DOCUMENT# N97000001275

Entity Name: YOUNG EAGLES INC.

Current Principal Place of Business:

6600 NW 27 AVE
W-201
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

6600 NW 27 AVE
W-201
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 65-0742005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILAS, JOS B REV
18015 NW 25TH COURT
MIAMI, FL 33056 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: P () Delete
Name: SILAS, J B
Address: 18015 NW 25TH COURT
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: SILAS, NICOLE
Address: 18015 NW 25 CT
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: SMITH, SYLVIA
Address: 346 NW 43RD ST
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: MILLER, MARIE P
Address: 2914 NW 49TH ST
City-St-Zip: MIAMI, FL 33142

Title: VPD () Delete
Name: MILLER, JAMES
Address: 346 NW 43 STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH B SILAS

DIR

09/01/2004

Electronic Signature of Signing Officer or Director

Date