


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 727884 1. Entity Name YOUTH CO-OP, INC.	
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Principal Place of Business 3525 NW 7TH STREET MIAMI, FL 33125	Mailing Address 3525 NW 7TH STREET MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7320351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLADARES, FRANK O. 66 W FLAGLER 2ND FL MIAMI, FL 33130	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000183410 01/19/05 00000 012 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID HERNANDEZ, FUMERO MARIO 8103 SW 24TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, ANIA 1201 SW 42ND AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VALLADARES, O F 66 W FLAGLER 2ND FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BERNAL, PETER 7811 CORAL WAY STE 103 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, FIDEL 726 S. MILITARY TR. DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/6/05** **(305) 579-9060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #