2005 FOR PROFIT CORPORATION

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90230 020 ***150.00 CR2E034 (10/04) 4. FEI Number Applied For 65-0982711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change Change ☐ Addition Change ■ Addition

ANNUAL REPORT (AR)

DOCUMENT # P00000015415

SIGNATURE

1. Entity Name YOUNG CHILDREN IN ACTION II, INC. Principal Place of Business Mailing Address 4554 W 12 AVE 4554-W-12-AVE HIALEAH FL 33012 HIALEAH PL 33012 ra w TG (2) 14LEAH CALF Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4141 1A City & State City & State Country Country MIA U DA 06 6. Name and Address of Current Registered Agent Name GARRASTACHO, RAQUEL -6 950NW Street Address (P.O. Box Number is Not Acceptable) -5915-WEST 25TH COURT 174TERR#601 #107 HIALEAH FL MIAMI FL 33015 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE GARRASTACHO, RAQUEL NAME NAME 5915 WEST 25TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-7IP ELTL E ☐ Delete TITLE PINO, TAINA NAME STREET ADDRESS 5915 WEST 25TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR