

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001827

Entity Name: YOUTH L.E.A.D. INC.**Current Principal Place of Business:**LAB MIAMI
400 NW 26TH ST
MIAMI, FL 33127**Current Mailing Address:**P O BOX 370743
MIAMI, FL 33137**FEI Number:** 27-1970009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEALY, ERIN F
426 NE 77TH STREET ROAD
#3
MIAMI, FL 33138 US*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**Officer/Director Detail :**Title V
Name HEALY, ERIN F
Address P O BOX 370743
City-State-Zip: MIAMI FL 33137Title PT
Name CRUZ, MELISSA
Address 3101 N FEDERAL HWY
City-State-Zip: FT LAUDERDALE FL 33306Title SV
Name LATTIER, ROBIN
Address 2108 NE 124TH ST
City-State-Zip: MIAMI FL 33181Title V
Name CHENG, SZEPU
Address P O BOX 331592
City-State-Zip: MIAMI FL 33233Title TREASURER
Name VAZQUEZ, BEA
Address 2121 PONCE DE LEON BLVD,
SUITE1100
City-State-Zip: CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ERIN HEALY**C.E.O.****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date