2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000004181

1. Entity Name
GHETTO YOUTHS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
16115 SW 117TH AVE., UNIT 21-A MIAMI, FL 33177	16115 SW 117TH AVE., UNIT 21-A MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3919677

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLAN, STELLA
16115 SW 117TH AVE., 21-A
MIAMI, FL 33177

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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: Stella Mc Laughlan 2/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000008208868
02/19/08-80001-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MARLEY, STEVE
STREET ADDRESS	16115 SW 117TH AVE., UNIT 21-A
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VCVP
NAME	MARLEY, DAVID
STREET ADDRESS	16115 SW 117TH AVE., UNIT 21-A
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	TS
NAME	MARLEY, DAMIAN
STREET ADDRESS	16115 SW 117TH AVE., UNIT 21-A
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	MARLEY, JULIAN
STREET ADDRESS	16115 SW 117TH AVE., UNIT 21-A
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	MARLEY, KYMANI
STREET ADDRESS	16115 SW 117TH AVE., UNIT 21-A
CITY-ST-ZIP	MIAMI, FL 33177
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 exemptions contained 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 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.

SIGNATURE: [signature] 2/1/08 305 469-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #