

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004888

FILED
Apr 30, 2007
Secretary of State

Entity Name: YOUTH EXPRESSIONS, INC.

Current Principal Place of Business:

7901 NORTHEAST SECOND AVENUE
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

1000 VENETIAN WAY
904
MIAMI, FL 33139 US

New Mailing Address:

FEI Number: 65-1024428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENFELD, MICHAEL J
3443 LAUREL OAK LANE
604
HOLLYWOOD, FL 33021 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: ROSENFELD, MICHAEL J
Address: 3443 LAUREL OAK LANE, \$604
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: T () Delete
Name: HERBITS, STEPHEN E
Address: 1000 VENETIAN WAY, 904
City-St-Zip: MIAMI, FL 33139 US

Title: D () Delete
Name: MARRERO, DESIREE
Address: 5070 SW 62 AVE
City-St-Zip: MIAMI, FL 33155 US

Title: D () Delete
Name: NORWOOD, CHRISTOPHER M
Address: 1900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132 US

Title: D () Delete
Name: IEMOLO, MICHELE
Address: 3443 LAUREL OAK LANE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D () Delete
Name: PIERRE, BARRY
Address: PO BOX 380338
City-St-Zip: MIAMI, FL 33238 US

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:

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City-St-Zip:

Title: () Change () Addition
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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 exemption stated 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 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: STEPHEN E. HERBITS

T

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date