

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90147 024 \*\*\*\*61.25

**DOCUMENT # N01000003965**

1. Entity Name  
**SOUTH FLORIDA YOUTH FOUNDATION, INC.**



Principal Place of Business  
**523 MICHIGAN AVE.  
MIAMI BEACH, FL 33139**

Mailing Address  
**523 MICHIGAN AVE.  
MIAMI BEACH, FL 33139**

**40077153**



04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1129661**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FRYD, JONATHAN  
523 MICHIGAN AVE.  
~~1500 MIAMI CENTER~~  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FRYD, KAREN  
523 MICHIGAN AVE.  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FRYD, JONATHAN  
523 MICHIGAN AVE.  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**~~D  
ROBINS, SCOTT  
230 5TH ST.  
MIAMI BEACH, FL 33139~~**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jonathan Fryd**

Date

**4/24/06**

Daytime Phone #

**305  
673 2948**