

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008343

FILED
Apr 30, 2008
Secretary of State

Entity Name: YOUTH UNITED OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7825 VENETIAN STREET
MIRAMAR, FL 33023

New Principal Place of Business:

114 THOMAS ROAD
WEST PARK, FL 33023

Current Mailing Address:

7825 VENETIAN STREET
MIRAMAR, FL 33023

New Mailing Address:

114 THOMAS ROAD
WEST PARK, FL 33023

FEI Number: 54-2083799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EUGENE, MATHILDE G.
7825 VENETIAN STREET
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

EUGENE, MATHILDE G.
114 THOMAS ROAD
WEST PARK, FL 33023 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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EUGENE, MATHILDE G
Address: 7825 VENETIAN STREET
City-St-Zip: MIRAMAR, FL 33023

Title: 1VPD () Delete
Name: NASSAR, MICHELE
Address: 6235 NW MIAMI PLACE
City-St-Zip: MIAMI, FL 33150

Title: 2VPD () Delete
Name: BITAR-FREDERICK, PATRICK
Address: 915 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD () Delete
Name: JEROME, ERIC PIERRE
Address: 151 SW 134TH WAY, APT. #303N
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD () Delete
Name: JEANNOT, GISLAINE
Address: 2631 FLAMINGO DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: MIRTIL, GEORGE
Address: 1100 NE 184TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EUGENE, MATHILDE G
Address: 114 THOMAS ROAD
City-St-Zip: WEST PARK, FL 33023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: MATHILDE G. EUGENE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date