

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005223

FILED
Apr 22, 2009
Secretary of State

Entity Name: YOUTH ETHICS INITIATIVE, INC,

Current Principal Place of Business:

5250 SW 84 ST
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5250 SW 84 ST
MIAMI, FL 33143

New Mailing Address:

FEI Number: 51-0510230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLECHMAN, WILL
5250 SW 84 ST
MIAMI, FL 33143 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: D/S () Delete
Name: BLECHMAN, WIL MD
Address: 5250 SW 84TH STREET
City-St-Zip: MIAMI, FL 331438434

Title: DVP () Delete
Name: VAN BYLEVELT, LLOYD
Address: 1900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: DP () Delete
Name: JACOBS, STUART
Address: 220 NE 105 ST
City-St-Zip: MIAMI, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/S (X) Change () Addition
Name: BLECHMAN, WIL J MD
Address: 5250 SW 84TH STREET
City-St-Zip: MIAMI, FL 331438434

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

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

Title: DT () Change (X) Addition
Name: FERNANDEZ, RICK J
Address: 700 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33143

Title: D () Change (X) Addition
Name: KAPLAN, BETSY
Address: 2 GROVE ISLE BLVD, #1603
City-St-Zip: MIAMI, FL 33133

Title: D () Change (X) Addition
Name: GOODMAN, KENNETH
Address: 39 PALERMO AVENUE
City-St-Zip: MIAMI, FL 33134

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: W. J. BLECHMAN

DT

04/22/2009

Electronic Signature of Signing Officer or Director

Date