

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000907

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: A.Y.L.L. FOUNDATION INC.

## Current Principal Place of Business:

1581 EASTLAKE WAY  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1581 EASTLAKE WAY  
WESTON, FL 33326

## New Mailing Address:

2811 CENTER COURT DRIVE  
WESTON, FL 33332

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICATTI, MONA  
1581 EASTLAKE WAY  
WESTON, FL 33326 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: RICATTI, MONA  
Address: 1581 EASTLAKE WAY  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Delete  
Name: SCHWARTZ, CLARISE C  
Address: 3739 SAN SIMEON CIRCLE  
City-St-Zip: WESTON, FL 33331

Title: T ( ) Delete  
Name: CARRASQUILLO, MARISOL  
Address: 2450 GREENBRIER COURT  
City-St-Zip: WESTON, FL 33327

Title: S ( ) Delete  
Name: VICTORIN, JUSTA  
Address: 18403 NW 9TH STREET  
City-St-Zip: PEMBBROKE PINES, FL 33029

## 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:

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: MONA RICATTI

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date