

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002309

FILED
Mar 12, 2006
Secretary of State

Entity Name: YOUTH OPERATION SUPPORT INC.

Current Principal Place of Business:

12916 SW 23 STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

12916 SW 23 STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINFORT, ALDA DR.
14359 MIRAMAR PARKWAY #813
MIRAMAR, FL 33027 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: PD () Delete
Name: SAINFORT, ALDA DR.
Address: 14359 MIRAMAR PARKWAY #183
City-St-Zip: MIRAMAR, FL 33027

Title: VPD () Delete
Name: SAINFORT, EMMANUEL
Address: 14359 MIRAMAR PARKWAY #183
City-St-Zip: MIRAMAR, FL 33027

Title: TD () Delete
Name: SAINVIL, MARC
Address: 7312 NW 58TH COURT
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: POTTER, CHRIS
Address: 1054 TRINIDAD AVENUE
City-St-Zip: FORT PIERCE, FL 34982

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORRIS, CATHY
Address: 731 NW 92 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD (X) Change () Addition
Name: PENA, MARGUARITA
Address: 18866 NW 56TH COURT
City-St-Zip: MIAMI, FL 33055

Title: TD (X) Change () Addition
Name: OGISTE, GLORIDA
Address: 2342 SW 129 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: SD (X) Change () Addition
Name: YOUNG, SHARITA
Address: 12974 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: ASD () Change (X) Addition
Name: FRANCO, MASSIEL
Address: 17395 SW 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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: ALDA SAINFORT

DR.

03/12/2006

Electronic Signature of Signing Officer or Director

Date