

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002309

FILED
Apr 24, 2007
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 (X)

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:

SAINFORT, ALDA DR.
14359 MIRAMAR PARKWAY #183
MIRAMAR, FL 33027 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: ALDA SAINFORT

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FINLEY, ADRIENNE
Address: 4674 NW 107 AVE
City-St-Zip: DORAL, FL 33178

Title: VPD (X) Change () Addition
Name: WOODS, SHANNON
Address: 8901 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: TD (X) Change () Addition
Name: PENA, MARGARET
Address: 18866 NW 56 CT
City-St-Zip: MIAMI, FL 33055

Title: SD (X) Change () Addition
Name: BERNARDY, MEAGHANN
Address: 665 FAIRWAY DR.
City-St-Zip: MIAMI BEACH, FL 33141

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

DIR.

04/24/2007

Electronic Signature of Signing Officer or Director

Date