

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008712

FILED
Jan 07, 2009
Secretary of State

Entity Name: MIAMI LAKES YOUTH CENTER FUND, INC.

Current Principal Place of Business:

15700 NW 67TH AVENUE
SUITE 302
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15700 NW 67TH AVENUE
SUITE 302
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-3656073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASTMAN, DEBRA
15700 NW 67TH AVENUE
SUITE 302
MIAMI LAKES, FL 33014 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 () Delete
Name: REY, ALEX
Address: 15700 NW 67TH AVENUE, SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: SALAZAR, MARIAELENA
Address: 15700 NW 67TH AVENUE, SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: EASTMAN, DEBRA
Address: 15700 NW 67TH AVENUE, SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOCANEGRA, FRANK
Address: 15700 NW 67TH AVENUE, SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Change () Addition
Name: ROIG, EVELYN
Address: 15700 NW 67TH AVENUE, SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

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: DEBRA EASTMAN

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date