

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010949

FILED
Apr 28, 2006
Secretary of State

Entity Name: YOUTH EDUCATIONAL SERVICES OF SOUTH FLORIDA, CORPORATION

Current Principal Place of Business:

766 NE 164TH TERR.
N. MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

766 NE 164TH TERR.
N. MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 56-2546136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, YOLANDA
8450 N. SHERMAN CIRCLE, APT. 307
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

COX, PHILIP
766 N.E. 164TH TERRACE
NORTH MIAMI BEACH, FL 33162 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: PHILIP D. COX

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMES, KATHERINE
Address: 2961 NW 208TH TERR.
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: BARRY, BERNICE
Address: 901 NW 52ND ST.
City-St-Zip: MIAMI, FL 33127

Title: SD () Delete
Name: CARR, ALYSIA
Address: 3924 NW 176TH ST.
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: WALLACE, LOUISE
Address: 74 NW 109TH ST.
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COX, FELICIA
Address: 766 N.E. 164TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 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: FELICIA Y COX

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date