

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009478

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CHILDREN AND YOUTH LIFE FOUNDATION CORPORATION

**Current Principal Place of Business:**

2565 NE 207 ST.  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 630665  
MIAMI, FL 33163

**New Mailing Address:**

**FEI Number:** 26-1132962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILA, LILLIANA  
2565 NE 207 ST.  
AVENTURA, FL 33180 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: PCD ( ) Delete  
Name: VILA, LILLIANA  
Address: 2565 NE 207 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete  
Name: SANTIAGO, VANESSA  
Address: 2565 NE 207 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete  
Name: MARTEL, VICTOR  
Address: 2565 NE 207 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: GARCIA, DORA  
Address: 2565 NE 207 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: C ( ) Delete  
Name: GARCIA, CARMEN T  
Address: 2565 NE 207 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: BM ( ) Delete  
Name: MUSIET, HAYDEE  
Address: 2565 NE 207 ST  
City-St-Zip: AVENTURA, FL 33180

**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:

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: VILA LILIANA

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date