2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N95000002446

Entity Name: SOUTH MIAMI ALLIANCE FOR YOUTH, INC.

Current Principal Place of Business:

6130 SUNSET DR.
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 432614
S. MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0612401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDDING, SUSAN
7930 SW 58 CT
SOUTH MIAMI, FL 33143

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: P ( ) Delete
Name: KELLY, LEVY
Address: 6250 SW 62ND AVE
City-St-Zip: S. MIAMI, FL 33143

Title: VP ( ) Delete
Name: MCCANTS, JAMES
Address: 6272 SW 59 PLACE
City-St-Zip: S. MIAMI, FL 33143

Title: S ( ) Delete
Name: COLLEEN, DELTERZO
Address: 6750 SW 60 STREET
City-St-Zip: S MIAMI, FL 33143

Title: T ( ) Delete
Name: HARRELL, DAISY
Address: 6030 SW 62 PL
City-St-Zip: S MIAMI, FL 33143

Title: D ( ) Delete
Name: REDDING, SUSAN
Address: 7930 SW 58 CT
City-St-Zip: S MIAMI, FL 33143

Title: D ( ) Delete
Name: BASU, SUBRATA
Address: 6624 SW 78 TERRACE
City-St-Zip: MIAMI, FL 33143

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 for the exemption stated in Section 119.07(3)(i), 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: DAISY A. HARRELL TREA 04/30/2004

Electronic Signature of Signing Officer or Director — Date