



2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 006 ****61.25

DOCUMENT # N95000002446 1. Entity Name SOUTH MIAMI ALLIANCE FOR YOUTH, INC.					
Principal Place of Business 6130 SUNSET DR. SOUTH MIAMI, FL 33143			Mailing Address P.O. BOX 432614 S. MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box # 5800 SW 66th St.		3. Mailing Address P.O. Box 432614			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State South Miami, FL		City & State		4. FEI Number 65-0612401	
Zip 33143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCANTS, JAMES 6272 S. W. 59TH PLACE SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		James McCants		7/9/08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, LEVY 6250 SW 60TH AVE S. MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCANTS, JAMES 6272 SW 59 PLACE S. MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, IRENE 6000 SUNSET DRIVE S MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL, DAISY 6030 SW 62 PL S MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, DICK 8325 S.W. 62ND CT. MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, LEE 6221 S.W. 62ND TERRACE MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daisy Harrell 6030 S.W. 62nd PL MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Renetta Stephens 6530 SW 68 Ave MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN Devereux 5840 S.W. 44th Terr MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Daisy Harrell, VP Daisy Harrell 7/9/08 305 667-9593					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					