2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# N96000001071

Entity Name: PROJECT Y.E.S., INC.

Current Principal Place of Business:

5275 SUNSET DRIVE
MIAMI, FL 331435919

New Principal Place of Business:

Current Mailing Address:

5275 SUNSET DRIVE
MIAMI, FL 331435919

New Mailing Address:

FEI Number: 65-0646667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUGATE, MARTHA
6750 S.W. 59TH STREET
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

SOTTILE, RACHEL
5275 SUNSET DRIVE
MIAMI, FL 33143 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: RACHEL SOTTILE 07/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: RABEN, KAREN
Address: 6506 SW 92 ST
City-St-Zip: MIAMI, FL 33156

Title: DVC ( ) Delete
Name: PERE, JOSE LUIS
Address: 5275 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33146

Title: DC ( ) Delete
Name: KIRCHOFF, JAN
Address: 3533 LOQUAT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT ( ) Delete
Name: VAZQUEZ, EMILIO
Address: 290 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

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:

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: EVA LEIVAS-ANDINO CFO 07/14/2009
Electronic Signature of Signing Officer or Director Date