

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006071

**FILED**  
**Mar 15, 2004**  
**Secretary of State****Entity Name:** IMPACTO YOUTH PROGRAM, INC.**Current Principal Place of Business:**7701 SW 114 ST  
VILLAGE OF PINCREST, FL 33156**New Principal Place of Business:****Current Mailing Address:**7701 SW 114 ST  
VILLAGE OF PINCREST, FL 33156**New Mailing Address:**10141 SW 40 STREET  
MIAMI, FL 33165**FEI Number:** 65-0799607**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LOZADA, GLADYS  
7701 SW 114 ST  
VILLAGE OF PINCREST, FL 33156 US**Name and Address of New Registered Agent:**MOLINA, RAUL G  
10141 SW 40 STREET  
MIAMI, FL 33165 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: RAUL G. MOLINA, JR.

03/15/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOZADA, ALFONSO  
Address: 7701 SW 114 ST  
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete  
Name: MOLINA, RAUL GOMEZ JR  
Address: 5120 SW 156 PLACE  
City-St-Zip: MIAMI, FL 33185

Title: VD ( ) Delete  
Name: MARQUEZ-MOLINA, KAREN  
Address: 5120 SW 156 PLACE  
City-St-Zip: MIAMI, FL 33185

**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:

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: RAUL GOMEZ MOLINA

SD

03/15/2004

Electronic Signature of Signing Officer or Director

Date