

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N98000004861

1. Entity Name
YOUTH DIVINE TREASURE, INC.

Principal Place of Business 6970 NW 17TH COURT MARGATE, FL 33063	Mailing Address 6970 NW 17TH COURT MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

02082008 Chg-NP CR2E037 (12/06)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IZQUIERDO, JULIA
6970 NW 17TH COURT
MARGATE, FL 33063

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 *Julia Izquierdo* *Julia IZQUIERDO* DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	IZQUIERDO, JULIA	6970 NW 17TH COURT	MARGATE, FL	<input type="checkbox"/>
D	DE LA CRUZ, GEORGE	2800 NW 23 ST	FT LAUDERDALE, FL	<input type="checkbox"/>
D	RADCLIFFE, NORMA	10474 MARINA WAY	BOCA RATON, FL	<input type="checkbox"/>
A	AGUDELO, BYRON	6970 NW 17TH COURT	MARGATE, FL 33063	<input type="checkbox"/>
D	CHAPLIN, A. TY	2500 NW 79 AVE	MARGATE, FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		500131408145	06/17/08--01018--014	<input type="checkbox"/>	<input type="checkbox"/>
		500131408145	06/17/08--01018--015	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Julia Izquierdo* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____