

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-28-2004 90281 019 ****61.25
N98000006436


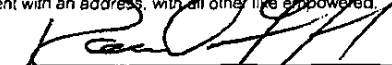
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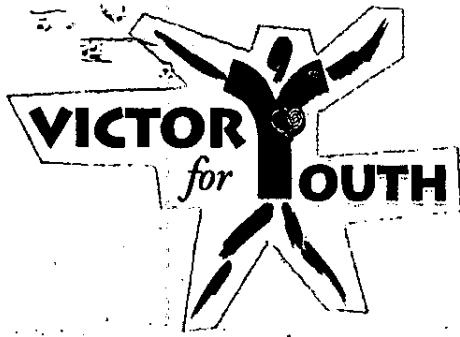
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

| | | | | | |
|---|--------------------------|--|---|---|--|
| DOCUMENT # N98000006436 1. Entity Name VICTORY FOR YOUTH CORP. | | | |  | |
| Principal Place of Business 4563 SOUTHWEST 71 AVENUE MIAMI FL 33155 | | Mailing Address 4563 SOUTHWEST 71 AVENUE MIAMI FL 33155 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0874830 | |
| Zip | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 5. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 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 | D | <input type="checkbox"/> Delete | TITLE | Board member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GONZALEZ, ROLANDO | | NAME | maria diaz | |
| STREET ADDRESS | 4563 SOUTHWEST 71 AVENUE | | STREET ADDRESS | 14361 Commerce Way | |
| CITY-ST-ZIP | MIAMI FL 33155 | | CITY-ST-ZIP | miami Lakes, FL 33016. | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | Board member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GONZALEZ, ISABEL | | NAME | Florence Greer | |
| STREET ADDRESS | 4563 SOUTHWEST 71 AVENUE | | STREET ADDRESS | 8175 n.w. 12 street | |
| CITY-ST-ZIP | MIAMI FL 33155 | | CITY-ST-ZIP | miami, FL 33143 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GONZALEZ, RICARDO | | NAME | maria e. cadavid | |
| STREET ADDRESS | 4563 SOUTHWEST 71 AVENUE | | STREET ADDRESS | 18425 n.w. 2 ave | |
| CITY-ST-ZIP | MIAMI FL 33155 | | CITY-ST-ZIP | miami, FL 33169 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | Board member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TYSON, KEVIN C | | NAME | Ray Lopez, CPA | |
| STREET ADDRESS | 4563 SW 71 AVE | | STREET ADDRESS | 824 catalonia avenue | |
| CITY-ST-ZIP | MIAMI FL 33155 | | CITY-ST-ZIP | coral Gables, FL 33134 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTINEZ, ARMANDO | | NAME | Robert blanco | |
| STREET ADDRESS | 4563 SW 71 AVE | | STREET ADDRESS | 3107 w. Hallandale Bch Blvd. | |
| CITY-ST-ZIP | MIAMI FL 33155 | | CITY-ST-ZIP | Hallandale Beach, FL 33009 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | Board member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MELENDEZ, CARMEN | | NAME | Vidal Velis, Attorney at Law | |
| STREET ADDRESS | 4563 SW 71 AVE | | STREET ADDRESS | 5455 S.W. 8 street | |
| CITY-ST-ZIP | MIAMI FL 33155 | | CITY-ST-ZIP | miami, FL 33134 | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | Rolando Gonzalez | | 4/6/04 905-274-0660 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

* see attached addition also



Attachment
S4043982

PAGE 2 of 2

#N98000006436
signature

In addition to the previous page information,
please add the officers / Directors listed
below :

- (Board member)

• Gisela Hidalgo. ☒ Addition
1100 S.W. 126 Place
Miami, FL 33184.
- (Board member)

• Angela G. Ramos. ☒ Addition
9405 N.W. 41 Street
Miami, FL 33178
- (Board member)

• Eddy Peña. ☒ Addition.
12550 Biscayne Blvd
North Miami, FL 33181
- (Board member)

• Bonnie Saporta ☒ addition
4563 S.W. 71 Ave
Miami, FL 33155
- (Board member)

• Glenda Martinez ☒ addition.
4563 S.W. 71 Ave
Miami, FL 33155