


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006436
 1. Entity Name
 VICTORY FOR YOUTH CORP.



Principal Place of Business Mailing Address
 4563 SOUTHWEST 71 AVENUE 4563 SOUTHWEST 71 AVENUE
 MIAMI, FL 33155 MIAMI, FL 33155



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0874830 Not Applicable

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

6. Name and Address of Current Registered Agent
 AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, ROLANDO
STREET ADDRESS	4563 SOUTHWEST 71 AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	BM
NAME	DIAZ, MARIA
STREET ADDRESS	14361 COMMERCE WAY
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	P
NAME	GONZALEZ, RICARDO
STREET ADDRESS	4563 SOUTHWEST 71 AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	BM
NAME	GREER, FLORENCE
STREET ADDRESS	8175 NW 12 STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	MARTINEZ, ARMANDO
STREET ADDRESS	4563 SW 71 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	BM
NAME	LOPEZ, RAY CPA
STREET ADDRESS	224 CATALONA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134

U00000303083
 04/13/05-80098-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] Date: 4/13/05 Daytime Phone #: 786-286-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR