2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000002405

1. Entity Name FOR YOUNG STARTERS, INC.

FILED Feb 23, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9519 SW 154TH PLACE MIAMI, FL 33196 9519 SW 154TH PLACE MIAMI, FL 33196



02192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1067179

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, FERNANDO 9519 SW 154TH PLACE MIAMI, FL 33196

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MIAMI, FL 33196		IN THIS	S SPACE
8. The above named entity submits this statement for the puthe obligations of registered agent.	urpose of changing its registered offic	ce or registered agent, or both, in the S	itate of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if	topticable. (NOTE: Registered Agent s	signature regulated when reinstasing)	DATE
FILE NOWIII FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
TITLE PTD NAME VALDES, FERNANDO STREEL ADDRESS 9519 SW 154TH PLACE CITY-ST-ZIP MIAMI, FL 33196	TORS		0000063067 /04-80146-011 150.00
TITLE SVD NAME VALDES, YVONNE STREET ADDRESS 9519 SW 154TH PLACE CITY-ST-ZIP MIAMI, FL 33196			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CXTY - ST-ZIP			
TITLE NAME			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 607, 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:

CITY-ST-ZIP

02-19-09

305 446 4006