

2006 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # P97000101985

1. Entity Name
YOUTH INVESTMENTS OF PEMBROKE PINES, INC.



Principal Place of Business
12499 TAFT ST.
PEMBROKE PINES, FL 33028

Mailing Address *C/O Doug Millard*
1121 NW 115 AVE
PLANTATION, FL 33323

FILED

06 JAN 31 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0843006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLARD, DOUGLAS S
1121 NW 115 AVE
FORT LAUDERDALE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLARD, DOUGLAS S
STREET ADDRESS	1121 NW 115 AVE
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	SD
NAME	MILLARD, BONNIE L
STREET ADDRESS	1121 NW 115 AVE
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06

Date

Daytime Phone # _____