


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90230 020 ***150.00

DOCUMENT # P00000015415
 1. Entity Name
 YOUNG CHILDREN IN ACTION II, INC.



Principal Place of Business
 4554 W 12 AVE
 HIALEAH FL 33012

Mailing Address
 4554 W 12 AVE
 HIALEAH FL 33012

*4556 W 12 AVE
 HIALEAH FL 33012*



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
4556 W 12 AVE
 Suite, Apt. #, etc.
HIALEAH
 City & State

3. Mailing Address
4556 W 12 AVE
 Suite, Apt. #, etc.
HIALEAH
 City & State

4. FEI Number **65-0982711** Applied For
 Not Applicable

Zip *FL 33012* Country *MIAMI DADE* Zip *FL 33012* Country *MIAMI DADE*

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

6. Name and Address of Current Registered Agent
GARRASTACHO, RAQUEL
~~5915 WEST 25TH COURT~~
~~#101~~
HIALEAH FL 33016

*6900 NW
 174 TERR #605
 MIAMI FL 33011*

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 *Raqueel Garrastacho* DATE *4/25/05*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GARRASTACHO, RAQUEL	
STREET ADDRESS	5915 WEST 25TH COURT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINO, TAINA	
STREET ADDRESS	5915 WEST 25TH COURT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Raqueel Garrastacho* DATE: *4/25/05* DAYTIME PHONE #: *805-3100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR