

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 599492

FILED
May 01, 2009
Secretary of State

Entity Name: VANKARA; A LEARNING EXCHANGE, INC.

Current Principal Place of Business:

13331 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Principal Place of Business:

13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

Current Mailing Address:

13331 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Mailing Address:

13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

FEI Number: 59-1913118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAW OFFICES OF SHELDON ZIPKIN, ESQ.
2020 NE 163RD STREET, THIRD FLOOR
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, MYRA MRS.
Address: 330 SEAMAN AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: VP/T () Delete
Name: TAYLOR, LILA
Address: 2131 NW 96TH STREET
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: SMITH, ELVIRA MS.
Address: 13485 ALEXANDRIA DRIVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: DEAN, CHARLES A REV.
Address: 18810 NW 30 COURT
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: SMITH, JOHNNIE W MRS.
Address: 2398 NW 119TH STREET
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: TAYLOR, HILLARY
Address: 127 CALIFORNIA LAKE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELVIRA SMITH

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date