


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000030468**

1. Entity Name  
**PROFESSIONAL LEARNING CENTER OF JUNO, INC.**



Principal Place of Business  
**11981 US HIGHWAY 1  
 JUNO, FL 33408**

Mailing Address  
**22354 S. W. 57TH AVE.  
 BOCA RATON, FL 33433-4557**

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0575916**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ASTOR, LIONEL  
 22354 SW 57TH AVENUE  
 BOCA RATON, FL 33433**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASTOR, PATRICIA 22354 SW 57 AVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASTOR, LIONEL 22354 SW 57 AVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000162969  
 07/01/04-80001-017 150.00

**DO NOT WRITE IN THIS SPACE**

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

Date: 6/29/2004 Daytime Phone # \_\_\_\_\_