


2005 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L59940
 1. Entity Name
PROFESSIONAL LEARNING CENTER, INC.



Principal Place of Business Mailing Address
 22354 SW 57TH AVE 22354 SW 57TH AVE
 BOCA RATON, FL 33433 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0386987 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 AVE
 BOCA RATON, FL 33433

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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
After May 1, 2005 Fee will be \$550.00

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

1100000202021
 01/28/05-80090-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASTOR, LIONEL
STREET ADDRESS	22354 SW 57TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	ASTOR, PATRICIA
STREET ADDRESS	22354 SW 57TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	MEINBERG, MARK
STREET ADDRESS	280 PLANDOME RD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	D
NAME	GUTTERMAN, MARK
STREET ADDRESS	280 PLANDOME RD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	D
NAME	FELDMAN, BURTON
STREET ADDRESS	280 PLANDOME RD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: LIONEL ASTOR 1/24/05 561-487-1230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #