

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59940

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: PROFESSIONAL LEARNING CENTER, INC.

## Current Principal Place of Business:

22354 SW 57TH AVE  
BOCA RATON, FL 33433

## New Principal Place of Business:

22354 SW 57TH AVE  
BOCA RATON, FL 33428

## Current Mailing Address:

22354 SW 57TH AVE  
BOCA RATON, FL 33433

## New Mailing Address:

22354 SW 57TH AVE  
BOCA RATON, FL 33428

FEI Number: 65-0386987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASTOR, LIONEL  
22354 SW 57TH AVE  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

ASTOR, LIONEL  
22354 SW 57TH AVE  
BOCA RATON, FL 33428 US

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: \_\_\_\_\_

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ASTOR, LIONEL  
Address: 22354 SW 57TH AVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: ASTOR, PATRICIA  
Address: 22354 SW 57TH AVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: MEINBERG, MARK  
Address: 280 PLANDOME RD  
City-St-Zip: MANHASSET, NY 11030

Title: D ( ) Delete  
Name: GUTTERMAN, MARK  
Address: 280 PLANDOME RD  
City-St-Zip: MANHASSET, NY 11030

Title: D ( ) Delete  
Name: FELDMAN, BURTON  
Address: 280 PLANDOME RD  
City-St-Zip: MANHASSET, NY 11030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ASTOR, LIONEL  
Address: 22354 SW 57TH AVE  
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Change ( ) Addition  
Name: ASTOR, PATRICIA  
Address: 22354 SW 57TH AVE  
City-St-Zip: BOCA RATON, FL 33428

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: LIONEL ASTOR

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date