

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59940

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL LEARNING CENTER, INC.

**Current Principal Place of Business:**

22354 SW 57TH AVE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

22354 SW 57TH AVE  
BOCA RATON, FL 33428

**New Mailing Address:**

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 33428 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LIONEL ASTOR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIRE

02/16/2011

\_\_\_\_\_ Date