

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59940

FILED
Mar 22, 2012
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

D

03/22/2012

Electronic Signature of Signing Officer or Director

_____ Date