

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 599492

Entity Name: VANKARA; A LEARNING EXCHANGE, INC.**Current Principal Place of Business:**13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054**Current Mailing Address:**13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054**FEI Number:** 59-1913118**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, ELVIRA
13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	FENN, LILA
Address	13485 ALEXANDRIA DRIVE
City-State-Zip:	OPA LOCKA FL 33054

Title	VICE PRESIDENT/TREASURER
Name	SMITH, ELVIRA
Address	13485 ALEXANDRIA DRIVE
City-State-Zip:	OPA LOCKA FL 33054

Title	SECRETARY
Name	SPANN, MARGARET
Address	13485 ALEXANDRIA DRIVE
City-State-Zip:	OPA LOCKA FL 33054

Title	DIRECTOR
Name	TAYLOR, CORLEON
Address	13485 ALEXANDRIA DRIVE
City-State-Zip:	OPA LOCKA FL 33054

Title	DIRECTOR
Name	PORTER, EUGENE
Address	13485 ALEXANDRIA DRIVE
City-State-Zip:	OPA LOCKA FL 33054

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: ELVIRA SMITH

VICE-PRESIDENT

04/23/2014

Electronic Signature of Signing Officer/Director Detail_____
Date