

2013 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**REGISTERED AGENT****05/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date