

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 599492

FILED  
Sep 04, 2008  
Secretary of State

Entity Name: VANKARA; A LEARNING EXCHANGE, INC.

**Current Principal Place of Business:**

13331 ALEXANDRIA DRIVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

13331 ALEXANDRIA DRIVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 59-1913118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAW OFFICES OF SHELDON ZIPKIN, ESQ.  
2020 NE 163RD STREET, THIRD FLOOR  
N. MIAMI BEACH, FL 33162      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: TAYLOR, MYRA MRS.  
Address: 330 SEAMAN AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: VP/T      ( ) Delete  
Name: TAYLOR, LILA  
Address: 2131 NW 96TH STREET  
City-St-Zip: MIAMI, FL 33147

Title: S      ( ) Delete  
Name: SMITH, ELVIRA MS.  
Address: 13485 ALEXANDRIA DRIVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D      ( ) Delete  
Name: DEAN, CHARLES A REV.  
Address: 18810 NW 30 COURT  
City-St-Zip: MIAMI, FL 33055

Title: D      ( ) Delete  
Name: SMITH, JOHNNIE W MRS.  
Address: 2398 NW 119TH STREET  
City-St-Zip: MIAMI, FL 33167

Title: D      ( ) Delete  
Name: TAYLOR, HILLARY  
Address: 127 CALIFORNIA LAKE DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELVIRA SMITH

S

09/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date