2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90019 035 ****70.00

DOCUMENT # 739807

1. Entity Name
THE LEARNING EXPERIENCE SCHOOL, INC.

54014466

Principal Place of Business	Mailing Address
5651 SW 82ND AVENUE ROAD MIAMI, FL 33143	5651 SW 82ND AVENUE ROAD MIAMI, FL 33143

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1913861 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, SHANNON 5651 SW 82 AVE RD MIAMI, FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIVERO, ELA 20295 NE 29TH AVENUE AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.S. Mike Baird P.O Box 144251 Coral Gables FL 33114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, SASTRE 936 ALGARINO CORAL CABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Russell Armour 6028 SW 85 ave. miami FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MARTINEZ, BILL 10545 S DIXIE HWY MIAMI, FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Humberto de Armas 8877 Collins Ave. # 806 Miami Bch, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL,SHANNON 536 CORAL WAY CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robin Lukars 1825 Coral way # 102 miami FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARANGO, PAUL 10645 SW 53 AVE MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vance Salter 1111 Brickell Ave. # 2500 miami FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTTMANN, SUSAN 8900 N KENDALL DR MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patricia Sanchez 1106 Placetas Ave. Coral Gables FL 33146	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shannon Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ~~739807~~ 524014466

Additions:

Director
Stanley Spieler
One Grove Isle, #901
Coconut Grove, FL 33133

Director
Yolanda Woodbridge
Biltmore Hotel Exec. Office Ctr.
1200 Anastasia Ave., Suite 310
Coral Gables, FL 33134