



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 024 ****70.00

DOCUMENT # 739807					
1. Entity Name THE LEARNING EXPERIENCE SCHOOL, INC.					
Principal Place of Business 5651 SW 82ND AVENUE ROAD MIAMI, FL 33143		Mailing Address 5651 SW 82ND AVENUE ROAD MIAMI, FL 33143		40001978	
2. Principal Place of Business		3. Mailing Address		 01082005 Chg-NP CR2E037 (10/03)	
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 <input checked="" type="checkbox"/> \$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 <u>CARTAYA, CRISTINA</u> Street Address (P.O. Box Number is Not Acceptable) <u>5651 SW 82 AVE. RD.</u> City <u>MIAMI</u> FL Zip Code <u>33143</u>		
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 <u><i>Shannon Campbell</i></u> <small>Signature, typed or printed name of registered agent and fee # applicable</small>			DATE <u>1-10-2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERO, ELA		NAME		
STREET ADDRESS	20295 NE 29TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, SASTRE		NAME		
STREET ADDRESS	936 ALGARINO		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAIRD, MIKE		NAME	<u>SAITER, VANCE</u>	
STREET ADDRESS	P.O. BOX 144251		STREET ADDRESS	<u>1111 BRICKELL AVE. #2500</u>	
CITY-ST-ZIP	CORAL GABLES, FL 33114		CITY-ST-ZIP	<u>MIAMI FL 33131</u>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, SHANNON		NAME	<u>CARTAYA, CRISTINA</u>	
STREET ADDRESS	536 CORAL WAY		STREET ADDRESS	<u>5651 SW 82 AVE RD.</u>	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	<u>MIAMI, FL 33143</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARANGO, PAUL		NAME		
STREET ADDRESS	10645 SW 53 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUTTMANN, SUSAN		NAME	<u>D. LUKACS, ROBIN</u>	
STREET ADDRESS	8900 N KENDALL DR		STREET ADDRESS	<u>1825 CORAL WAY #102</u>	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	<u>MIAMI FL 33145</u>	
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: <u><i>Shannon Campbell</i></u>			Date <u>1-10-2005</u> Daytime Phone # <u>(305)279-9811</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		