

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739807

FILED
Jan 28, 2008
Secretary of State

Entity Name: THE LEARNING EXPERIENCE SCHOOL, INC.

Current Principal Place of Business:

5651 SW 82ND AVENUE ROAD
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5651 SW 82ND AVENUE ROAD
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1913861 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARTAYA, CRISTINA
5651 SW 82 AVE RD
MIAMI, FL 33143 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, FRANCISCO R
Address: 2121 PONCE DE LEON BLVD., #240
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: ARMOUR, RUSSELL
Address: 6028 SW 85 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: ARANGO, PAUL
Address: 10645 LAKESIDE DRIVE
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: SALTER, VANCE
Address: 1111 BRICKELL AVE. SUITE 2500
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CARTAYA, CRISTINA
Address: 5651 SW 82 AVE. RD
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: DEARMAS, HUMBERTO
Address: 2627 SOUTH BAYSHORE DR., #701
City-St-Zip: COCONUT GROVE, FL 33133

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: S (X) Change () Addition
Name: SANCHEZ-ABRIL, PATRICIA
Address: 1106 PLACETAS AVE.
City-St-Zip: CORAL GABLES, FL 33146

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

Title: D (X) Change () Addition
Name: LUKACS, ROBIN
Address: 1825 CORAL WAY, SUITE 102
City-St-Zip: MIAMI, FL 33145

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA CARTAYA

Electronic Signature of Signing Officer or Director

DIR

01/28/2008

Date