

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739807

FILED  
Apr 22, 2011  
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:**

SANCHEZ-ABRIL, PATRICIA  
1106 PLACETAS AVE  
CORAL GABLES, FL 33146 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: PATRICIA SANCHEZ-ABRIL

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUKACS, ROBIN  
Address: C/O 1825 CORAL WAY, MAIL STOP 4122  
City-St-Zip: MIAMI, FL 33145

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

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

Title: S  
Name: SANCHEZ-ABRIL, PATRICIA  
Address: 1106 PLACETAS AVE.  
City-St-Zip: CORAL GABLES, FL 33146

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

SIGNATURE: ROBIN A LUKACS

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date