

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739807

**FILED**  
**Apr 25, 2012**  
**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 ( )**

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

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

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

PAUL, ARANGO  
10645 LAKESIDE DRIVE  
CORAL GABLES, FL 33134 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: PAUL ARANGO

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: T  
Name: GONZALEZ, JUAN  
Address: 1111 DIPLOMAT PARKWAY  
City-St-Zip: HOLLYWOOD, FL 33019

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: PAUL ARANGO

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date