

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004752 1. Entity Name LEARNING FOR SUCCESS, INCORPORATED	
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Principal Place of Business 5532 S.W. 114TH AVE. COOPER CITY, FL 33330	Mailing Address 5532 S.W. 114TH AVE. COOPER CITY, FL 33330
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0891789	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASBARRO, JOHN 5532 SW 114 AVE MIAMI, FL 33146
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASBARRO, JOHN 5532 S.W. 114TH AVE. COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASBARRO, SUSAN 5532 S.W. 114TH AVE. COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MARY LCSW 9135 S. ORCHARD RD. SOUTH DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80061-020.61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 954-434-6021
Date Daytime Phone #