

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005532

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** THE COLLEGIATE LEARNING EXCHANGE INC.

**Current Principal Place of Business:**

2755 N. BAY RD.  
MIAMI BCH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2755 N. BAY RD.  
MIAMI BCH, FL 33140

**New Mailing Address:**

**FEI Number:** 02-0637274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GALBUT, ABRAHAM  
999 WASHINGTON AVE.  
MIAMI BCH, FL 33139 US

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

GALBUT, ABRAHAM  
999 WASHINGTON AVE.  
MIAMI BEACH, FL 33139 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: ABRAHAM A GALBUT

01/19/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KURLANSKY, PAUL  
Address: 2755 N. BAY RD.  
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP ( ) Delete  
Name: BELEFER, BENJAMIN  
Address: 1321 NW 14TH ST., SUITE 202  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: COIFFMAN, BERNARDO  
Address: 4259 NAUTILUS DR.  
City-St-Zip: MIAMI BCH, FL 33140

Title: D ( ) Delete  
Name: FOX, JEFFREY  
Address: 270 W. 35TH ST.  
City-St-Zip: MIAMI BCH, FL 33140

Title: D ( ) Delete  
Name: GALBUT, ABRAHAM A  
Address: 999 WASHINGTON AVE.  
City-St-Zip: MIAMI BCH, FL 33139

Title: D ( ) Delete  
Name: GREENSTEIN, MEL  
Address: 5990 SW 130TH TERR.  
City-St-Zip: MIAMI, FL 33156

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ABRAHAM A GALBUT

D

01/19/2005

Electronic Signature of Signing Officer or Director

Date