

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200000532

FILED  
Apr 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4900 PINE TREE DR.  
MIAMI BCH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4900 PINE TREE DR.  
MIAMI BCH, FL 33140

**New Mailing Address:**

**FEI Number:** 02-0637274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALBUT, ABRAHAM  
4770 BISCAYNE BLVD., 400  
MIAMI, FL 33137 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: DP ( ) Delete  
Name: KURLANSKY, PAUL  
Address: 2755 N. BAY RD.  
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP ( ) Delete  
Name: BELEFER, BENJAMIN  
Address: 9 ISLAND AVE., #614  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: D ( ) Delete  
Name: KARL, ROBERT  
Address: 6500 S.W. 114TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: GALBUT, ABRAHAM A  
Address: 4770 BISCAYNE BLVD., 400  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: WEIN, LEONARD  
Address: 3005 FLAMINGO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

**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 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: ABRAHAM GALBUT

RA

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date