

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002931

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MIAMI LEARNING CENTER, INC.

## Current Principal Place of Business:

515 SW 17TH AVE  
MIAMI, FL 33135 US

## New Principal Place of Business:

## Current Mailing Address:

515 SW 17TH AVE  
MIAMI, FL 33135 US

## New Mailing Address:

FEI Number: 36-4553277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCBEAN, DE CARLA M  
1492 NW 27 STREET  
MIAMI, FL 33142 US

## Name and Address of New Registered Agent:

MCBEAN, DE CARLA M  
331 MADEIRA AVE  
APT 11  
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: DECARLA MCBEAN

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MCBEAN, DE CARLA M  
Address: 1492 NW 27 STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: VP ( ) Delete  
Name: CHUNG, LINDA M  
Address: 1492 NW 27 STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: SEC (X) Delete  
Name: COHEN, HILDIE A  
Address: 1492 NW 27 STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: TR (X) Delete  
Name: ESTRELLA, DAVID P  
Address: 1492 NW 27 STREET  
City-St-Zip: MIAMI, FL 33142 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCBEAN, DE CARLA M  
Address: 331 MADEIRA AVE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP (X) Change ( ) Addition  
Name: VILLEGAS, MARTA  
Address: 1501 NW 27TH STREET  
City-St-Zip: MIAMI, FL 33142 US

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: DECARLA MCBEAN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date