

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 23, 2011
Secretary of State**

DOCUMENT# N93000002976

Entity Name: THE ASSOCIATION OF PARENTS AND TEACHERS OF THE LEARNING EXPERIENCE SCHOOL, INC.**Current Principal Place of Business:**5651 SW 82ND AVENUE ROAD
MIAMI, FL 33143 US**New Principal Place of Business:****Current Mailing Address:**5651 SW 82ND AVENUE RD
MIAMI, FL 33143 US**New Mailing Address:**10425 SW 97 CT
MIAMI, FL 33176 US**FEI Number:** 65-0424649**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FELDMAN, BENNETT G
2655 LEJEUNE ROAD
SUITE 541
CORAL GABLES, FL 33134 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: P
Name: MEADOR, OLGA
Address: 10800 SW 119 ST
City-St-Zip: MIAMI, FL 33176 US

Title: SD
Name: ARRELLANO, MARLIE
Address: 12075 SW 126 ST
City-St-Zip: MIAMI, FL 33186 US

Title: TD
Name: CHYNCE, ADDA
Address: 10425 SW 97 CT
City-St-Zip: MIAMI, FL 33176 US

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: ADDA CHYNCE

TD

07/23/2011

Electronic Signature of Signing Officer or Director

Date