

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003260

FILED
Apr 07, 2007
Secretary of State

Entity Name: LIFE AND LEARNING CENTERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

18800 NW 2ND AVENUE
204
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18800 NW 2ND AVENUE
204
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0921543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, BETTYE
2309 MADISON STREET
2
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

CHUKWURAH, CHIAMAKA I
2309 MADISON STREET
2
HOLLYWOOD, FL 33020 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: CHIAMAKA CHUKWURAH

04/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, BETTYE
Address: 2309 MADISON ST. #2
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WILCOX, NATHANIEL
Address: 3111 NW 135 ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: WRIGHT, MOSES
Address: 4522 NW 60 STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: MBELU, SAM
Address: 17005 WEST DIXIE HWY
City-St-Zip: N MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHUKWURAH, CHIAMAKA
Address: 2309 MADISON ST. #2
City-St-Zip: HOLLYWOOD, FL 33020

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 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: CHIAMAKA CHUKWURAH

D

04/07/2007

Electronic Signature of Signing Officer or Director

Date