

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003260

FILED  
Apr 24, 2009  
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:**

18800 NW 2ND AVENUE  
202  
MIAMI, FL 33169

**Current Mailing Address:**

18800 NW 2ND AVENUE  
204  
MIAMI, FL 33169

**New Mailing Address:**

18800 NW 2ND AVENUE  
202  
MIAMI, FL 33169

**FEI Number:** 65-0921543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHUKWURAH, CHIAMAKA I  
2309 MADISON STREET  
2  
HOLLYWOOD, FL 33020 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: D ( ) Delete  
Name: CHUKWURAH, CHIAMAKA  
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: MBELU, SAM  
Address: 17005 WEST DIXIE HWY  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D ( ) Delete  
Name: VIEUX, HAROLD DR  
Address: 360 NE 51ST STREET  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: JOYCE, DAVIS  
Address: 500 NE 87TH STREET  
City-St-Zip: EL PORTAL, FL 33138

**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:

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: CHIAMAKA CHUKWURAH

D

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date