



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90055 040 ***150.00

DOCUMENT # P01000065533 1. Entity Name AMERICAS LEARNING RESOURCE CORP					
Principal Place of Business 2884 OAKBROOK DR. WESTON FL 33332 US			Mailing Address 7335 SW 113 CIRCLE PLACE MIAMI FL 33173 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2884 Oakbrook Dr. Weston, FL City & State Zip 33332 Country USA		 MOORE CR2E034 (11/03)	
4. FEI Number 65-1125758				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MAMUD, SHARON 7335 SW 113 CIRCLE PLACE MIAMI FL 33173	
7. Name and Address of New Registered Agent Name Sharon Mamud Street Address (P.O. Box Number is Not Acceptable) 2884 Oakbrook Drive Weston City FL Zip Code 33332				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sharon Mamud Sharon Mamud April 4, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAMUD, SHARON F 7335 SW 113 CIRCLE PLACE MIAMI FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAMUD, SHARON F 2884 Oakbrook Drive Weston, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Sharon Mamud <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				April 4, 2004 954-217-6950 <small>Date Daytime Phone #</small>	