

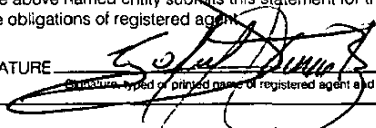
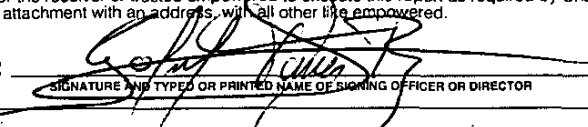


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90125 038 \*\*\*150.00

<b>DOCUMENT # P01000084741</b>					
<b>1. Entity Name</b> SKILLS LEARNING CENTER, INC.					
<b>Principal Place of Business</b> 1301 NW 89 CT, STE 218 MIAMI, FL 33172-3008			<b>Mailing Address</b> 1301 NW 89 CT, STE 218 MIAMI, FL 33172-3008		
<b>2. Principal Place of Business</b> 1301 NW 89th CT Suite, Apt., etc. SUITE 219 City & State MIAMI, FL Zip 33172 Country USA		<b>3. Mailing Address</b> 1301 NW 89th CT Suite, Apt., etc. SUITE 219 City & State MIAMI, FL Zip 33172 Country USA			
-03042005 - Chg-P- CR2E034 (10/03)					
<b>4. FEI Number</b> 65-1132367				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> TORRES, GABRIEL 1301 NW 89 CT, STE 218 MIAMI, FL 33172-3008			<b>7. Name and Address of New Registered Agent</b> Name <b>GABRIEL TORRES</b> Street Address (P.O. Box Number is Not Acceptable) 1301 NW 89th CT SUITE 219 City <b>MIAMI</b> <b>FL</b> Zip Code <b>33172</b>		
<b>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.</b>					
SIGNATURE 				DATE <b>3-4-05</b>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, GABRIEL 1301 NW 89 CT, STE 218 MIAMI, FL 331723008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, GABRIEL 1301 NW 89 CT, STE 219 MIAMI, FL 33172 3008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONCE, MONICA 4521 NW 102 CT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONICA 9786 NW 29 TER DORAL, FL, 33172.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 life empowered.</b>					
SIGNATURE: 			DATE <b>3-4-05</b> (786) 344-1185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					