

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000107667

1. Entity Name
LEARNING SUCCESS CENTER, INC.



Principal Place of Business
915 MIDDLE RIVER DR., STE. 204
FT. LAUDERDALE, FL 33304

Mailing Address
915 MIDDLE RIVER DR., STE. 204
FT. LAUDERDALE, FL 33304



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3026903

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BESNER, HILDA F
915 MIDDLE RIVER DR., STE. 204
FT. LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000160154
05/13/04-80009-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BESNER, HILDA F
915 MIDDLE RIVER DR., STE. 204
FT. LAUDERDALE, FL 33304

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: Hilda Besner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 954-566-0388
Date Daytime Phone #