

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90021 006 \*\*\*150.00

**DOCUMENT # P02000022131**

1. Entity Name  
**KNOWLEDGE LEARNING CENTER, INC.**

Principal Place of Business  
**646 W HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009**

Mailing Address  
**21310 NE 24 COURT  
MIAMI, FL 33180**

**34061040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**90-0002275**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUECHLER, JERRY  
21310 NE 24 COURT  
MIAMI, FL 33180**

Name **MARTHA WASHBURN**

Street Address (P.O. Box Number is Not Acceptable)

**7740 NW 50<sup>th</sup> ST., #503**

City **LAUDERHILL**

**FL**

Zip Code  
**33351**

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

*Martha Washburn*

**2-22-04**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME BUECHLER, JERRY  
STREET ADDRESS 21310 NE 24 COURT  
CITY-ST-ZIP MIAMI, FL 33180

TITLE TD ☒ Delete  
NAME HUNT, MICHAEL  
STREET ADDRESS 1459 PLUNKETT STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE D ☐ Delete  
NAME POMEROY, LINDA  
STREET ADDRESS 2730 PLUNKETT STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE SD ☒ Delete  
NAME ANDERSON, SYLVIA  
STREET ADDRESS 2851 LEONARD DRIVE #J-510  
CITY-ST-ZIP AVENTURA, FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME RAUL FABRES  
STREET ADDRESS 6474 BUENA VISTA DR.  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☒ Addition  
NAME DALIA GOLD BERG  
STREET ADDRESS 9313 W. SUNRISE BLVD.  
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Change ☒ Addition  
NAME YARON YEMINI  
STREET ADDRESS 325 W. 26<sup>th</sup> STREET  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-04**

Date

Daytime Phone #