

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078696

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** CENTER FOR INDIVIDUAL LEARNING & ACHIEVEMENT, INC.

**Current Principal Place of Business:**

20801 BISCAYNE BLVD  
403  
AVENTURA, FL 33180

**New Principal Place of Business:**

2780 NE 183RD ST  
2015  
AVENTURA, FL 33160

**Current Mailing Address:**

19401 NE 19TH CT  
N MIAMI BCH, FL 33179

**New Mailing Address:**

2780 NE 183RD ST  
2015  
AVENTURA, FL 33160

**FEI Number:** 42-1603014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUDELMAN, HAIM  
19401 NE 19TH CT  
N MIAMI BCH, FL 33179 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NUDELMAN, CILA  
Address: 19401 NE 19TH CT  
City-St-Zip: N MIAMI BCH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NUDELMAN, CILA  
Address: 2780 NE 183RD ST # 2015  
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CILA NUDELMAN

P

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date