

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122426

FILED
Apr 19, 2004
Secretary of State

Entity Name: POLYCARE LEARNING CHARTERED SCHOOL INC.

Current Principal Place of Business:

8352 NE 2 AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

8352 NE 2 AVENUE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 59-4729990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDHOME, RENEL
1874 NE 170 STREET
MIAMI, FL 33162 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROYALE, PAULE
Address: 11905 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33161

Title: V () Delete
Name: MAGLOURE, NATACHA
Address: 78 NW 84 STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: PRUDHOME, RENEL
Address: 1874 NE 170 STREET
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: DAZILE, VERNIO
Address: 50 NE 62 STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENORD BELVANT

D

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date