

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000166386

1. Entity Name
LEARNING RESOURCES RPB, INC.



Principal Place of Business
1169B ROYAL PALM BCH BLVD
ROYAL PALM BCH, FL 33411

Mailing Address
1169B ROYAL PALM BCH BLVD
ROYAL PALM BCH, FL 33411



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1991214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIOCE, DOMENICK R
1645 PASLM BCH LAKES BLVD STE 1200
W PALM BCH, FL 33401

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUGAR, LAWRENCE
STREET ADDRESS	137 OLIVERA WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VP
NAME	SUGAR, AVA
STREET ADDRESS	137 OLIVERA WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80007-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

3/5/07 561-624-0762