2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 19, 2006 8:00 am Secretary of State

1. Entity Name LERNI CORPORATION						05-03-200	6 90195	012 ***	150.00
Principal Place of Business 1190 SW 142ND PLACE MIAMI, FL 33184		Mailing Address 1190 SW 142ND PLACE MIAMI, FL 33184		OOOTOOMO					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Numb				plied For at Applicable
Zip	Country	Zip	Count	гу	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	Registered A	gent	
The second secon				Name					
RODRIGUEZ, ELVIRA 1190 SW 142ND PLACE MIAMI, FL 33184			Street Addres		s (P.O. Box Number is Not Acceptable)				
141117-0411, 1 -									
			Ì	City			FL	Zip Cod	8
	named entity submits this statement fillions of registered agent.	or the purpose of changing its	registere	d office or registe	ered agent, or bo	th, in the State of Fl	lorida. I am I	amiliar with,	and accept
SIGNATURE	Signature, typed or printed righte of registered agen	nt and late if applicable. (NOT	E Augustaved	l Agent signature require	od when reinstaling)		DATE		
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont			i.00 May Be ded to Fees	-			· • • • • • • • • • • • • • • • • • • •
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE	PD %	☐ Delete	TITLE		-			☐ Change	☐ Addition
NAME	RODRIGUEZ, ELVIRA		NAME	1					
STREET ADDRESS CITY-ST-ZIP	1190 SW 142ND PLACE MIAMI, FL 33184			ET ADDRESS St-ZIP					
TITLE	VD	☐ Delete	TITLE					☐ Change	Addition
NAME	RODRIGUEZ, MIGUEL	— 	HAME					_ ,	_
STREET ADDRESS	1190 SW 142ND PLACE			et adoress St-zip					
CITY-ST-ZIP	MIAMI, FL 33184	☐ Delete						☐ Change	Addition
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TIFLE		☐ Deleta	MILE					Change	Addition -
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TITLE	1	☐ Delete	TITLE						
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name Street address		☐ Delete	RAME Stree	ET ADDRESS					
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name Street address		☐ Devite	RAME Stree	ET ADDRESS -ST-ZIP		<u></u>		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP				☐ Change	☐ Addillon
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby	certify that the information supplied with on this report or supplemental report	☐ Delete No this filling does not qualify for	HAME STREE CITY- TITLE HAME STREE CITY- or the exe	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP erroptions contained	rd in Chapter 11'	e, Florida Statutes.	I further cert	ify that the ir	nformation
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby indicatec of the CO	d on this report or supplemental report reporation or the receiver or trustee emp	Delete The this filling does not qualify to is true and accurate and that nowered to execute this report	NAME STREE CITY- TITLE NAME STREE CITY- or the exe rny signatut as requir	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP emptions containerure shall have the	same legal effe	ct as if made under	oath; that I a	ify that the ir m an officer	nformation or director
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby indicates of the co-changed	d on this report or supplemental report	Deide The this filling does not qualify to is true and accurate and that nowered to execute this report, with all other like empowered.	NAME STREE CITY- TITLE NAME STREE CITY- or the exe rny signatut as requir	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP emptions containerure shall have the	same legal effe 17, Florida Statul	ct as if made under	oath; that I a ne appears in	ify that the ir m an officer	nformation or director