


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State


03-10-2008 90065 010 ***150.00

DOCUMENT # P05000096345	
1. Entity Name A. B. F. LEARNING CENTER INC.	

Principal Place of Business 13350 SW 288TH ST MIAMI, FL 33033 US	Mailing Address 13350 SW 288TH ST MIAMI, FL 33033 US
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DO NOT WRITE IN THIS SPACE

40041911



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2177618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIVA, ROCIO C MRS.
 9654 SW 148 COURT
 MIAMI, FL 33196

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIVA, ROCIO C MRS. 9654 SW 148 COURT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGADO, MARIA C MS. 11544 SW 149COURT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  3-5-08.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #