

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000063810

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** OXFORD LEARNING CENTER, INC.

**Current Principal Place of Business:**

17070 COLLINS AVENUE  
SUITE 259  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17070 COLLINS AVENUE  
SUITE 259  
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** 26-2920374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RONES, VICTOR K ESQUIRE  
LAW OFFICES OF VICTOR K. RONES, P.A.  
16105 NE 18TH AVENUE  
NORTH MIAMI BEACH, 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:** D  
**Name:** KING, PAUL M  
**Address:** 17070 COLLINS AVENUE, SUITE 259  
**City-St-Zip:** SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL M KING

P

04/01/2010

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

\_\_\_\_\_  
Date