2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000027569

1. Entity Name
PINES LEARNING CENTRE, INC.

Principal Place of Business	Mailing Address
3111 UNIVERSITY DR 720 CORAL SPRINGS, FL 33065 US	3111 UNIVERSITY DR 720 CORAL SPRINGS, FL 33065 US

DO NOT WRITE IN THIS SPACE

03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0400541
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISHER, LAWRENCE
3111 UNIVERISTY DR
#720
CORAL SPRINGS, FL 33065

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000122458
04/21/04-80030-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EPSTEIN LESLEY
STREET ADDRESS	3111 UNIVERSITY DR #720
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	DS
NAME	FISHER, LAWRENCE
STREET ADDRESS	3111 UNIVERSITY DR#720
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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12. I hereby certify that the information supplied with this filing does not qualify 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 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 #