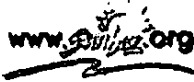


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-08-2007 90041 046 ***150.00

DOCUMENT # P95000061248 1. Entity Name LEARN & PLAY, INC.					
Principal Place of Business 8380 NW 8TH STREET MIAMI, FL 33126 US			Mailing Address 8380 NW 8TH STREET MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 65-0653552	
Zip 		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURKE, JON W 8380 NW 8TH STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD VALDES, MIRTA L 8380 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BURKE, JON W 8380 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VALDES, REINALDO C 8380 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mark L. Valdes</i> 2/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-263-9101					



ATTACHMENT
46003667
Division of Corporations

Annual Report

Annual Report Help

Document Number
P95000061248

Business Entity Name
LEARN & PLAY, INC.

FEI Number **650653552**
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **8380 NW 8TH STREET**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33126** **US**

Mailing Address

Address **8380 NW 8TH STREET**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33126** **US**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **BURKE**, **JON**, **W**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **8380 NW 8TH STREET**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33126** **US**

If there is a change in registered agent, the new agent will need to type their name
in the 'Registered Agent Signature' block below to accept the designation of

660023667
#P950000061248

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature**SAME**

This signature must be that of the individual signing this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.817.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PVD
Name (Last, First, Middle, Title) VALDES, MIRTA, L

- OR -

Entity Name to serve as
Officer/Director

Street Address 8380 NW 8TH STREET
City, State MIAMI, FL
Zip Code & Country 33126

Title SD
Name (Last, First, Middle, Title) BURKE, JON, W

- OR -

Entity Name to serve as
Officer/Director

Street Address 8380 NW 8TH STREET
City, State MIAMI, FL
Zip Code & Country 33126

Title TD
Name (Last, First, Middle, Title) VALDES, REINALDO, C

- OR -

Entity Name to serve as
Officer/Director

Street Address 8380 NW 8TH STREET
City, State MIAMI, FL
Zip Code & Country 33126

ATTACHMENT 660103667
#P950000661248

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature ^{RVD} *Marta L. Valdes* (MIRTA L. VALDES)

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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