

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000049240	
1. Entity Name WESTON LEARNING CENTRE, INC.	

Principal Place of Business 2550 GLADES CIRCLE WESTON, FL 33327 US	Mailing Address 3111 N. UNIVERSITY DRIVE SUITE 720 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0839702	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent	
FISHER, LAWRENCE 3111 N. UNIVERSITY DRIVE SUITE 720 CORAL SPRINGS, FL 33065	

**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.

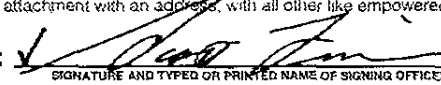
SIGNATURE: _____ (NOTE: Registered Agent Signature required when re-staffing) DATE: _____

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	1100000122262 04/21/04-80021-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FISHER, LAWRENCE 3111 UNIVERSITY DR., #720 CORAL SPGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EPSTEIN, LESLEY 3111 UNIVERSITY DR., #720 CORAL SPGS, FL 33065
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **4/16/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #