


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S23030**  
 1. Entity Name  
**MONTESSORI LEARNING CENTER, CORP.**



Principal Place of Business      Mailing Address  
**14092 SOUTHWEST 84TH STREET**      **14092 SOUTHWEST 84TH STREET**  
**MIAMI, FL 33183**      **MIAMI, FL 33183**

**DO NOT WRITE IN THIS SPACE**



02102005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0255237**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTRO, MARIA E.**  
**14092 SOUTHWEST 84TH STREET**  
**MIAMI, FL 33183**

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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 file if applicable      (NOTE: Registered Agent signature required when not a natural person)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Elect out Campaign Financing Trust Fund Contributions        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CASTRO, MARIA E. 14092 S.W. 84TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESANGLES, SYBIL 14092 SW 84 ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESANGLES, MARIXIE 14092 SW 84 ST MIAMI, FL 33183
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12. I hereby certify that the information supplied with this filing complies with the requirements for the electronic filing set forth in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the 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: Maria E. Castro      Date: 2/10/05      205-388-9016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #