

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739807

**Entity Name:** THE LEARNING EXPERIENCE SCHOOL, INC.

**Current Principal Place of Business:**

5651 SW 82ND AVENUE ROAD  
MIAMI, FL 33143

**Current Mailing Address:**

5651 SW 82ND AVENUE ROAD  
MIAMI, FL 33143

**FEI Number:** 59-1913861

**Certificate of Status Desired:** No

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

PAUL, ARANGO  
10645 LAKESIDE DRIVE  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title P  
Name ARANGO, PAUL  
Address 10645 LAKESIDE DRIVE  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ARMOUR, RUSSELL  
Address 6028 SW 85 AVENUE  
City-State-Zip: MIAMI FL 33143

Title T  
Name GONZALEZ, JUAN  
Address 1111 DIPLOMAT PARKWAY  
City-State-Zip: HOLLYWOOD FL 33019

Title S  
Name MILNE, HENDRIK  
Address 1244 SOROLLA AVE.  
City-State-Zip: CORAL GABLES FL 33134

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL ARANGO

**PRESIDENT**

**04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date