

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000063709**

1. Entity Name  
**MIAMI INTERNATIONAL UNIVERSITY OF ART & DESIGN,  
INC.**



Principal Place of Business

**1501 BISCAYNE BLVD.  
MIAMI, FL 33132**

Mailing Address

**C/O EDMC 210 SIXTH AVE.  
33RD FLOOR  
PITTSBURGH, PA 15222**



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2641065**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME FLEMING, ERIKA  
STREET ADDRESS 1737 NORTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI, FL 33132

TITLE S  
NAME KRAMER, DEVITT J  
STREET ADDRESS 210 SIXTH AVE., 33RD FL.  
CITY-ST-ZIP PITTSBURGH, PA 15222

TITLE T  
NAME PANNOZZO, DORINDA  
STREET ADDRESS 210 SIXTH AVE., 33RD FL.  
CITY-ST-ZIP PITTSBURGH, PA 15222

TITLE AS  
NAME MINAHAN, SUSAN  
STREET ADDRESS 210 SIXTH AVE., 33RD FL.  
CITY-ST-ZIP PITTSBURGH, PA 15222

TITLE D  
NAME GREEN, THOMAS L  
STREET ADDRESS 1501 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/13/08-80049-009 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08 412-502-0900