

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072397

FILED
Apr 30, 2008
Secretary of State

Entity Name: GLOBAL INSTITUTE OF HIGHER EXTENSION STUDIES, LLC

Current Principal Place of Business:

804 DOUGLAS ROAD
SUITE 373
CORAL GABLES, FL 33134

New Principal Place of Business:

2240 E PRESERVE WAY
U 12- 308
MIRAMAR, FL 33025

Current Mailing Address:

804 DOUGLAS ROAD
SUITE 373
CORAL GABLES, FL 33134

New Mailing Address:

P.O BOX 260817
PEMBROKE PINES, FL 33026

FEI Number: 20-1706916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRA KAYAL , CPA, PA
16501 SW 81ST AVENUE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EUROPA I & I CORP.,
Address: 2555 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: KNOWLEDGE & INNOVATI, ON GROUP, LLCQ
Address: 2555 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KNOWLEDGE & INNOVATI, ON GROUP, LLCQ
Address: P.O BOX 260817
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SANDRA KAYAL CPA, PA

MS

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date