## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005532

FILED Jan 16, 2009 Secretary of State

Entity Name: MIAMI INTERNATIONAL SEMINARY, INC.

	rincipal Place of Business:	New Principal Place of Busines	New Principal Place of Business:	
4401 OLI SUITE B MIAMI, FL	D CUTLER ROAD 33158			
Current M	lailing Address:	New Mailing Address:	New Mailing Address:	
4401 OLI SUITE B MAMI, FL	D CUTLER ROAD 33158			
El Number	: 41-2312082 FEI Number Applied For (	( ) FEI Number Not Applicable ( ) Certifica	ate of Status Desired ( )	
lame and	d Address of Current Registered Age	nt: Name and Address of New Reg	istered Agent:	
0155 S. D. BUITE 160 MAMI, FL The above	33156 US anamed entity submits this statement fo	or the purpose of changing its registered office or r	egistered agent, or both,	
	e of Florida. 			
SIGNATU	RE:Electronic Signature of Registere	od Agont	Date	
	-	•		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	
ïtle: lame:	VD ( ) Delete BERUBE, ROY A	Title: ( ) Change : Name:	( ) Addition	
	13840 FARMER ROAD MIAMI, FL 33158	Address: City-St-Zip:		
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip:			( ) Addition	
city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	MIAMI, FL 33158  D ( ) Delete  KERN, JAMES 17525 SW 188ST	City-St-Zip:  Title: ( ) Change ( ) Name:  Address:		
city-St-Zip: itle: lame: address:	MIAMI, FL 33158  D ( ) Delete KERN, JAMES 17525 SW 188ST MIAMI, FL 33187  D ( ) Delete AGER, AJ 8375 SW 149 DRIVE	City-St-Zip:  Title: ( ) Change of Name: Address: City-St-Zip:  Title: ( ) Change of Name: Name: Address:	( ) Addition	
city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	MIAMI, FL 33158  D () Delete KERN, JAMES 17525 SW 188ST MIAMI, FL 33187  D () Delete AGER, AJ 8375 SW 149 DRIVE MIAMI, FL 33158  P () Delete HAUENSTEIN, D. GREG 9439 SW 186TH STREET	City-St-Zip:  Title: ( ) Change of Name: Address: City-St-Zip:  Title: ( ) Change of Name: Address: City-St-Zip:  Title: ( ) Change of Name: Address: City-St-Zip:	( ) Addition ( ) Addition	

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 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 an address, with all other like empowered.

SIGNATURE:	D. GREG HAUENSTEIN	PRES	01/16/2009
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