

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064429

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: GRADUATE SERVICES MIAMI, INC.

## Current Principal Place of Business:

7640 N.W. 25TH STREET  
UNIT 107  
MIAMI, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

1 BISCAYNE TOWER, SUTIE 3400  
2 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

## New Mailing Address:

1 BISCAYNE TOWER, SUITE 3400  
2 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

FEI Number: 65-1024089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.  
2 S BISCAYNE BLVD STE 3400  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: JONES, EDWARD  
Address: 7640 N.W. 25TH STREET, UNIT 107  
City-St-Zip: MIAMI, FL 33122

Title: DVPS ( ) Delete  
Name: NIETO, MAX  
Address: 7640 N.W. 25TH STREET, UNIT 107  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: BECKNER, WAYNE C  
Address: 7640 N.W. 25TH STREET, UNIT 107  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: EDWARD JONES

DPT

03/24/2009

Electronic Signature of Signing Officer or Director

Date