

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085409

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** PAULA GARBOURG INSTITUTE, INC.

**Current Principal Place of Business:**

10000 NW 25TH ST.  
SUITE 1, DEP. PTY 6298  
MIAMI, FL 33172

**New Principal Place of Business:**

2250 NW 114TH AVE  
SUITE 1, DEP. PTY 6298  
MIAMI, FL 33172

**Current Mailing Address:**

10000 NW 25TH ST.  
SUITE 1, DEP. PTY 6298  
MIAMI, FL 33172

**New Mailing Address:**

2250 NW 114TH AVE  
SUITE 1, DEP. PTY 6298  
MIAMI, FL 33172

**FEI Number:** 65-1049078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARBOURG, DAVID  
10000 NW 25TH ST.  
SUITE 1, PTY 6298  
MIAMI, FL 33172 US

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

GARBOURG, DAVID  
2250 NW 114TH AVE  
SUITE 1, PTY 6298  
MIAMI, FL 33172 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: DAVID GARBOURG

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARBOURG, HAYA P  
Address: 2250 NW 114TH AVE, SUITE 1, PTY 6298  
City-St-Zip: MIAMI, FL 33172

Title: VPD  
Name: GARBOURG, DAVID A VP  
Address: 2250 NW 114TH AVE , SUITE 1, PTY 6298  
City-St-Zip: MIAMI, FL 33172

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

SIGNATURE: DAVID GARBOURG

VPD

01/05/2011

Electronic Signature of Signing Officer or Director

Date