
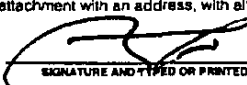


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

04-15-2005 90071 017 ***150.00

DOCUMENT # P04000145766 1. Entity Name MEDICAL EDUCATION SERVICES, INC.					
Principal Place of Business 901 PONCE DE LEON BOULEVARD SUITE 401 CORAL GABLES, FL 33134 US			Mailing Address 901 PONCE DE LEON BOULEVARD SUITE 401 CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLACK, DAVID R ESQ. 1200 BRICKELL AVENUE SUITE 750 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when rechartering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMERICAN UNIVERSITY OF THE CARIBBEAN N.V.		NAME		
STREET ADDRESS	JORDAN ROAD, CUPECOY		STREET ADDRESS		
CITY-ST-ZIP	ST. MAARTEN, NA 11111		CITY-ST-ZIP		
TITLE	D,P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIEN, YIFE		NAME		
STREET ADDRESS	901 PONCE DE LEON BOULEVARD, SUITE 401		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4-12-05 305-446-0600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66016555



01112005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1359253** Applied For Not Applicable

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