

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-1859253 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, DAVID R ESQ.
 1200 BRICKELL AVENUE
 SUITE 750
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000722952
 05/02/07-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
 NAME AMERICAN UNIVERSITY OF THE CARIBBEAN N.V.
 STREET ADDRESS JORDAN ROAD, CUPECOY
 CITY-ST-ZIP ST. MAARTEN, NA 11111

TITLE D,P
 NAME TIEN, YIFE
 STREET ADDRESS 901 PONCE DE LEON BOULEVARD, SUITE 401
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 305-446-0600
Date Daytime Phone #