


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701861**  
 1. Entity Name  
 KIWANIS CLUB OF BISCAYNE BAY, INC.



Principal Place of Business  
 535 BIRD ROAD  
 CORAL GABLES, FL 33146 US

Mailing Address  
 535 BIRD ROAD  
 CORAL GABLES, FL 33146-1307 US

**DO NOT WRITE IN THIS SPACE**



05162006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-0709941

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROSINEK, JEFFREY  
 535 BIRD ROAD  
 CORAL GABLES, FL 33146

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JR. E 775 N.W. 21ST STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEFFREY ROSINEK 535 BIRD ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVERMAN, SAUL H. 8430 S.W. 170TH TERR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAWN, ARTHUR H. 5061 SW 95 COURT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, RICK 1200 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000570645  
 07/18/06-80004-002 61.25

**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 617, 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:** *Arthur H. Brawn* Treasurer **7/12/06** 305 442 2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #