


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90016 050 \*\*\*\*61.25

<b>DOCUMENT # 701861</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0709941	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent ROSINEK, JEFFREY 535 BIRD ROAD CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JR. E		NAME	RICHARD FREEDMAN	
STREET ADDRESS	775 N.W. 21ST STREET		STREET ADDRESS	3350 SW 148 AVE SUITE 110	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY ROSINEK		NAME		
STREET ADDRESS	535 BIRD ROAD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, SAUL H.		NAME		
STREET ADDRESS	8430 S.W. 170TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWN, ARTHUR H.		NAME		
STREET ADDRESS	5061 SW 95 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON LINDENBERG, CRISTINA		NAME	JAMES ELIAS	
STREET ADDRESS	18679 NW 77 PL		STREET ADDRESS	7805 SW 88 CT	
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BRUCE REICH	
STREET ADDRESS			STREET ADDRESS	5262 LA GORCE DR	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BEACH FL 33140	
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.					
<b>SIGNATURE:</b> <i>Saul H Silverman</i>		SAUL H SILVERMAN		2/27/08 305 442 2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	