

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


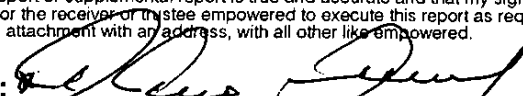
**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90042 006 \*\*\*\*61.25

**50026945**



1st MOORE CR2E037 (10/04)

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # N02000007741</b>  |  |                                    |  |
| 1. Entity Name<br><b>KIWANIS CLUB COLOMBIAN AMERICAN FOUNDATION OF MIAMI DADE, CORP.</b>  |  |   |  |
| Principal Place of Business<br><b>1915 WEST 8 AVENUE<br/>HIALEAH FL 33010</b>   |  | Mailing Address<br><b>1915 WEST 8 AVENUE<br/>HIALEAH FL 33010</b>   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   | Country  | Zip   | Country  |
| 4. FEI Number<br><b>01-0768173</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>LOZANO, ALVARO<br/>1915 WEST 8 AVENUE<br/>HIALEAH FL 33010</b>  |  | 7. Name and Address of New Registered Agent   |  |
| Name  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
| 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>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>CABRERA, CARLOS A<br>12205 SW 71ST CT<br>PINECREST FL 33156 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ALVARO LOZANO<br>1915 WEST 8th AVENUE<br>HIALEAH - FL. 33010-2303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MARUQUANDA, MARIA L<br>8487 NW 191ST ST<br>MIAMI FL 33015 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MARIA L. MARULANDA<br>8487 N.W. 191 ST.<br>MIAMI - FL. 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PEREZ, MYRIAM<br>11861 SW 94 STREET<br>MIAMI FL 33186 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 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:   |  | 2/9/05 305 883-6004   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date  | Daytime Phone #  |