

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

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007741	
1. Entity Name KIWANIS CLUB COLOMBIAN AMERICAN FOUNDATION OF MIAMI DADE, CORP.	

Principal Place of Business 1915 WEST 8 AVENUE HIALEAH, FL 33010	Mailing Address 1915 WEST 8 AVENUE HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0768173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOZANO, ALVARO
1915 WEST 8 AVENUE
HIALEAH, FL 33010

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARO, LORANO 1915 W 8TH AVE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARULANDA, MARIA L 8487 NW 191ST ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, MYRIAM 11861 SW 94 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000937855
05/27/08-80065-017 61.25

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: Maria L. Marulanda 4/24/08 305 887-8576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #