

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 14, 2008  
Secretary of State

DOCUMENT# N05000000410

Entity Name: KIWANIS OF MIAMI-LATIN, INC.

**Current Principal Place of Business:**

1447 MILLER ROAD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141802  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 59-1901319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CRUZ, EMILIO  
1447 MILLER DRIVE  
CORAL GABLES, FL 33114      US

**Name and Address of New Registered Agent:**

CRUZ, EMILIO  
1447 MILLER ROAD  
CORAL GABLES, FL 33114      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

06/14/2008

Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: GONZALEZ, ERONIDES  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: D      ( ) Delete  
Name: CALZON, CARMEN  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: T      ( ) Delete  
Name: CRUZ-LEDON, EMILIO A  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: V.P.      ( ) Delete  
Name: CRUZ-LEDON, ANA MARGARITA  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: D      ( ) Delete  
Name: GAYOSO, G. ALBERT  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: P      ( ) Delete  
Name: ORDAZ, OSCAR  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO CRUZ-LEDON

Electronic Signature of Signing Officer or Director

T

06/14/2008

Date