

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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 (X) 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: P (X) Change () Addition
Name: SEARS, BEATRIZ C
Address: P.O. BOX 141802
City-St-Zip: CORAL GABLES, FL 33114

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 A. CRUZ-LEDON

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date