## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34842

FILED Mar 25, 2007 Secretary of State

Entity Name: KIWANIS CLUB OF COLOMBIA-U.S.A.-MIAMI, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 43-0748 1538 SW BIRD ROAD SOUTH MIAMI, FL 33243 MIAMI, FL 33146 US **Current Mailing Address: New Mailing Address:** P O BOX 43-0748 SOUTH MIAMI, FL 33243 US FEI Number: 65-0155866 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, VELANDIA 6065 NW 167 ST., #B154 MIAMI LAKES, FL 33015 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WILSON, VELANDIA JAIME, VILLEGAS Name: Name: 6065 NW 167 ST #B15 Address: P O BOX 430748 Address: City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: SOUTH MIAMI, FL 33243 Title: ( ) Delete Title: () Change () Addition CABALLERO, MARY A Name: Name: Address: P O BOX 430748 Address: City-St-Zip: SOUTH MIAMI, FL 33243 City-St-Zip: Title: () Delete Title: () Change () Addition GIRALDO, CRISTINA M Name: Name: P O BOX 430748 Address: Address: City-St-Zip: SOUTH MIAMI, FL 33243 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: VELANDIA, MERCY Name: P O BOX 430748 Address: Address: SOUTH MIAMI, FL 33243 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BARROS, PIEDAD Name: Name: P O BOX 430748 Address: Address: City-St-Zip: SOUTH MIAMI, FL 33243 City-St-Zip: Title: () Delete Title: () Change () Addition LOZANO. ANTENOR Name: Name: Address: P O BOX 430748 Address: SOUTH MIAMI, FL 33243 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PIEDAD BARROS D 03/25/2007