
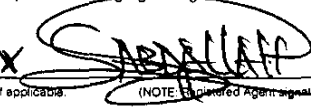
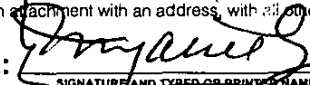


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90026 026 ****70.00

DOCUMENT # N93000003934					
1. Entity Name MIAMI-MANAGUA LIONS CLUB, INC.					
Principal Place of Business 14793 SW 81 ST MIAMI, FL 33193 US			Mailing Address P.O. BOX 831388 MIAMI, FL 33283-1388 US		
2. Principal Place of Business - No P.O. Box # 19720 GULFSTREAM RD Suite, Apt. #, etc.		3. Mailing Address 3081 NW 6 ST. Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA 33157		City & State MIAMI, FL 33125		4. FEI Number 65-0432716	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROA, EDGAR E 14793 SW 81 STREET MIAMI, FL 33193			7. Name and Address of New Registered Agent Name SARA ABDALLAH Street Address (P.O. Box Number is Not Acceptable) 19720 GULFSTREAM RD City MIAMI FL Zip Code #33125		
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 SARA ABDALLAH, PRESIDENT X 		DATE 04-27-2007			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAWLINGS, MARIA M	NAME	SARA ABDALLAH		
STREET ADDRESS	12444 N. BAYSHORE DRIVE	STREET ADDRESS	19720 GULFSTREAM RD		
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	MIAMI, FL 33157		
TITLE	TD <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHANG, ALFONSO	NAME	EDGAR MACIAS		
STREET ADDRESS	640 SOUTHWEST 114 COURT	STREET ADDRESS	3081 NW 6 ST		
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	Miami, FL 33125		
TITLE	SD <input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZUNIGA, MARGARITA	NAME	ENRIQUETA MOLINARES		
STREET ADDRESS	1600 NE 135 ST, #311	STREET ADDRESS	6401 SW 23 ST		
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	Miami, FL 33155		
TITLE	DV <input type="checkbox"/> Delete	TITLE	1er. V. President <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARQUERO, SOL	NAME	MARGARITA ZUNIGA		
STREET ADDRESS	1734 SW 102 CT	STREET ADDRESS	1600 NE 135 St, # 1003		
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	Miami, FL 33181		
TITLE	DV <input type="checkbox"/> Delete	TITLE	2nd. V. President <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TELLEZ, OCTAVIO	NAME	ALFONSO OGANG		
STREET ADDRESS	1123 SOUTHWEST 88 AVENUE	STREET ADDRESS	640 SW 114 CT		
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	DV <input type="checkbox"/> Delete	TITLE	3er. V. President <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVILES, ANA M	NAME	ANASTASIO MONGALO		
STREET ADDRESS	8625 NW 8 STREET #112	STREET ADDRESS	P.O. BOX 655228		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Miami, FL 33265		
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: 		EDGAR MACIAS		DATE 04-27-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 786-473-6259	

40110260



04272007 Chg-NP CR2E037 (12/06)