
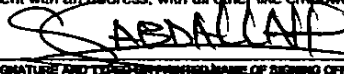


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90001 039 \*\*\*\*61.25

<b>DOCUMENT # N93000003934</b>					
1. Entity Name MIAMI-MANAGUA LIONS CLUB, INC.					
Principal Place of Business 19720 GULFSTREAM RD. MIAMI, FL 33157 US			Mailing Address 3081 NW 6 ST. MIAMI, FL 33125 US		
2. Principal Place of Business - No P.O. Box # <i>Same as Above</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0432716	
				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			7. Name and Address of New Registered Agent		
ABDALLAH, SARA 19720 GULFSTREAM RD. MIAMI, FL 33125			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 September 12, 2008		8. 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 NAME STREET ADDRESS CITY-ST-ZIP	P AMDALLH, SARA 19720 GULFSTREAM RD. MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cesar Lacayo PO Box 441806 Miami, FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACIAS, EDGAR 3381 NW 6 ST MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Miriam Guzman 74560 SW 63 CR Palmetto Bay - Mia - FL 33158	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLINARIES, ENRIQUETA 6401 SW 23 ST. MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Enriqueta Molinaries 6401 SW 23rd Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ZUNIGA, MARGARITA 1600 NE 135 ST #1003 MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfonso Chang 640 SW 114 CT. Miami, FL 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP OGANG, ALFONSO 640 SW 114 CT. MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zurita Ortega 10404 W Flagler St #3 Miami, FL 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP MONGALO, ANATASIO PO BOX 655228 MIAMI, FL 33265	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margarita Zuniga 1600 NE 135 ST #1003 Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			Date: 7/11/08		Daytime Phone #: 305-790-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #