


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003217 1. Entity Name KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.	
Principal Place of Business 1915 WEST 8TH AVENUE HIALEAH, FL 33010	Mailing Address 1915 WEST 8TH AVENUE HIALEAH, FL 33010



02082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARULANDA, HECTOR
8487 NW 191 STREET
HIALEAH, FL 33015**

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	LAZANO, PLVARO
NAME		1915 WEST ST AVE
STREET ADDRESS		HIALEAH, FL 33010
CITY-ST-ZIP		
TITLE	S	PEREZ, MIRIAM
NAME		11861 SW 84 ST
STREET ADDRESS		MIAMI, FL 33188
CITY-ST-ZIP		
TITLE	TD	MARULANDA, MARIA L
NAME		8487 NW 19 ST
STREET ADDRESS		HIALEAH, FL 33015
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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U00000550149
05/13/06-80048-015 61.25

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: *Maria L. Marulanda* **4/19/06** **305 8878576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #