

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**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



04192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0920375

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
 Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZANO, PLVARO 1915 WEST ST AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, MIRIAM 11861 SW 84 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARULANDA, MARIA L 8487 NW 19 ST HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000730499  
 05/08/07-80083-025 61.25

**DO NOT WRITE  
 IN THIS SPACE**

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

Date

305 8878576

Daytime Phone #