


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 035 ****61.25

DOCUMENT # N95000005167			
1. Entity Name HOLLYWOOD COLOMBIAN-AMERICAN LIONS CLUB, INC.			
Principal Place of Business 847 NW 97TH AVE QUATRAINE II FORT LAUDERDALE FL 33324		Mailing Address 10590 SW 100 ST MIAMI FL 33176	
2. Principal Place of Business 3015 N. OCEAN BLVD		3. Mailing Address	
Suite, Apt. #, etc. Suite #L117		Suite, Apt. #, etc.	
City & State Fort LAUDERDALE FL		City & State	
Zip 33308	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MANTILLA, JAIME E 10590 SW 100 STREET MIAMI FL 33176		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, ELENA 847 NW 97TH AVE FORT LAUDERDALE FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, FLOR ALBA 2808 NORTH 46 AVE. HOLLYWOOD, FL. 33021-2488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANTILLA, JAIME E 10590 SW 100 STREET MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SIERRA, BLANCA 3015 N OCEAN BLVD #L117 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2SD DIAZ, FLOR A 2808 NORTH 46 AVE HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2SD GUZMAN ELENA 847 NW 97th AVE., QUATRAINE II PLANTATION, FL. 33324-7544 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD OROZCO, JOSE 2364 NW 73RD AVE SUNRISE FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, FLOR 761 NW 37TH COURT OAKLAND PARK FL 33303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JAIME E MANTILLA** **April 22/05 (303) 546-6750**
Date Daytime Phone #