

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737783

**Entity Name:** KIWANIS CLUB OF LITTLE HAVANA, INC.**Current Principal Place of Business:**1400 SW FIRST STREET  
MIAMI, FL 33135**Current Mailing Address:**1400 SW FIRST STREET  
MIAMI, FL 33135**FEI Number:** 51-0169294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATIN, LESLIE JR.  
1400 SW FIRST STREET  
MIAMI, FL 33135 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            LORENZO, ANTONIO  
Address        6855 N WATERWAY DRIVE  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            JORGE, FERNANDEZ A  
Address        8920 SW 96 STREET  
City-State-Zip: MIAMI FL 33176

Title            ASST. TREASURER  
Name            CAMALICHE, RAUL  
Address        10805 SW 135 TERRACE  
City-State-Zip: MIAMI FL 33176

Title            SECRETARY  
Name            MARTINEZ, ABRAHAM  
Address        416 PALMETTO DR  
City-State-Zip: MIAMI SPRINGS FL 33166

Title            VVP  
Name            THOMAS, FALCON E  
Address        717 TIZIANO AVENUE  
City-State-Zip: CORAL GABLES FL 33143

Title            TREASURER  
Name            GONZALEZ, WILBERTO E JR.  
Address        2000 S. BAYSHORE DRIVE  
                 UNIT 17  
City-State-Zip: MIAMI FL 33131

Title            ASST. SECRETARY  
Name            BRITO, JORGE L  
Address        1865 JOHN F. KENNEDY CSWY, UNIT  
                 8H  
City-State-Zip: N. BAY VILLAGE FL 33141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO LORENZO**PRESIDENT****04/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date