2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N00000004852

Entity Name: KIWANIS CLUB OF AVENTURA, INC.

Current Principal Place of Business:

2785 NE 183RD STREET
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

C/O BISCAYNE INSTITUTES OF HEALTH & LIVING
2785 NE 183RD STREET
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-1034846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINDER, THOMAS K DR.
18010 NE 10TH AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PINDER, THOMAS K DR.
Address: 18010 NE 10TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete
Name: DICOWDEN, MARIE DR
Address: 3610 YACHT CLUB DR #1108
City-St-Zip: AVENTURA, FL 33180

Title: SEC ( ) Delete
Name: FERGUSON, TATIANA
Address: 1075 NW 83RD STREET
City-St-Zip: MIAMI, FL 33150

Title: TREA ( ) Delete
Name: PONCE, ANA
Address: 1180 NE 161ST TERRACE
City-St-Zip: NORTH MIA MI BEACH, FL 33162

Title: D ( ) Delete
Name: PARKER, ANTONIO
Address: 55 NE 192ND STREET
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DICOWDEN, MARIE A DR.
Address: 2785 N.E. 183RD STREET
City-St-Zip: AVENTURA, FL 33160

Title: VP (X) Change ( ) Addition
Name: PARKER, ANTONIO
Address: 55 NE 192ND ST
City-St-Zip: AVENTURA, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: FERGUSON, TATIANA
Address: 1075 NW 83RD STREET
City-St-Zip: MIA MI, FL 33150

Title: D (X) Change ( ) Addition
Name: PINDER, THOMAS K DR
Address: 18010 NE 10TH AVEPRE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. MARIE A. DICOWDEN PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date