



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 028 ***158.75

DOCUMENT # N02000000271 1. Entity Name CORAL WAY COLOMBIAN LIONS CLINIC, INC.					
Principal Place of Business 11865 SW 26 ST #G-10 MIAMI, FL 33175			Mailing Address 8241 SW 32 TER #G-10 MIAMI, FL 33155		
2. Principal Place of Business 913 E 8 AVE		3. Mailing Address 913 E 8 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HALEAH FL		City & State HALEAH FL		4. FEI Number 80-0026661	
Zip 33010		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLARTE, LUIS 16455 SW 236 ST HOMESTEAD, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 OLARTE, LUIS 14470 SW145 PL HOMESTEAD, FL 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUIS OLARTE 16455 SW 236 ST. HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCOBAR, LEYDA 8365 SW 39 TER MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIRLEY FARKAS 5751 SW 58 PLACE MIAMI FL 33143	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARKAS, YAZMIN 8241 SW 32 TER MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAZMIN FARKAS 8241 SW 32 TER MIAMI FL 33155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDOYA, ELENA 3015 NW 83 TER MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELENA BEDOYA 3015 NW 83 TER. MIAMI FL 33147	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, YOLANDA 9885 NW 52 TERR MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGO OCHOA 11818 SW 97 ST. MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARKAS, ALICIA 8244 SW 32 TER MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICIA FARKAS 8241 SW 32 TERR. MIAMI FL 33155	<input type="checkbox"/> Delete	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-25-04 Daytime Phone # 786-2870638		