

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000271

FILED  
Mar 23, 2005  
Secretary of State

**Entity Name:** CORAL WAY COLOMBIAN LIONS CLINIC, INC.

**Current Principal Place of Business:**

913 E 8 AVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

913 E 8 AVE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 80-0026661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLARTE, LUIS  
16455 SW 236 ST  
HOMESTEAD, FL 33131 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: P ( ) Delete  
Name: OLARTE, LUIS  
Address: 16455 SE 236 ST  
City-St-Zip: HOMESTEAD, FL 33031

Title: S ( ) Delete  
Name: FARKAS, SHIRLEY  
Address: 5751 SW 58 PLACE  
City-St-Zip: MIAMI, FL 33143

Title: TD ( ) Delete  
Name: FARKAS, YAZMIN  
Address: 8241 SW 32 TER  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: BEDOYA, ELENA  
Address: 3015 NW 83 TER  
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete  
Name: OCHOA, HUGO  
Address: 11818 SW 97 ST  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete  
Name: FARKAS, ALICIA  
Address: 8244 SW 32 TER  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: GARCIA, BERTHA G DDS  
Address: 5033 NW 7TH ST, # 608  
City-St-Zip: MIAMI, FL 33126

Title: T (X) Change ( ) Addition  
Name: BEDOYA, ELENA  
Address: 3015 NW 83 TER  
City-St-Zip: MIAMI, FL 33147

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS OLARTE

PRES

03/23/2005

Electronic Signature of Signing Officer or Director

Date