# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 04, 2005 8:00 am**
**Secretary of State**
08-04-2005 90005 030 ****61.25

DOCUMENT # N02000004702

1. Entity Name
TROPICAL MIAMI CIVITAN CLUB INC.

50059958

| Principal Place of Business | Mailing Address |
|---|---|
| FLAGER 83 AVE.<br>MIAMI, FL 33184 | 4047 S.W. 156 CT<br>MIAMI, FL 33185 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| LA HABANA VIEJA RESTAURANT | 16021 SW 254 St. |
| Suite, Apt. #, etc.<br>3672 Coral Way | Suite, Apt. #, etc.<br>Homestead |
| City & State<br>Coral Gables, FL | City & State<br>FL |
| Zip / Country<br>33143 / USA | Zip / Country<br>33031 / USA |

08012005 Chg-NP CR2E037 (10/03)

4. FEI Number
73-1647371
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HERDOIZA, JULIA<br>4047 SW 156 CT.<br>MIAMI, FL 33185 | Name: Nereyda Kircher, Secretary<br>Street Address (P.O. Box Number is Not Acceptable): 16021 SW 254 St.<br>City: Homestead FL Zip Code: 33031 |

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: _____ 08/01/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>FERMOSELLE, JOAQUIN<br>1205 MARIPOSA AVE SUITE 314<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Julio C. Fernandez<br>5601 Collins Ave. Apt. 1021<br>Miami Beach, FL 33140 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>TORRES-MONTERO, MARGARITA<br>8906 SW 113 PL CIRCLE EAST<br>MIAMI, FL 33176 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Julita Seamon<br>2430 Prairie Ave.<br>Miami Beach, FL 33140 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HERDOIZA, JULIA<br>4047 SW 156 CT<br>MIAMI, FL 33185 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GILBARTY, MIRTA<br>13731 SW 71 LANE<br>MIAMI, FL 33183 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOPEZ, DORA<br>8925 COLLINS AVE APT 12D<br>SURFSIDE, FL 33154 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>Nereyda Kircher<br>16021 SW 254 St.<br>Homestead, FL 33031 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARALLIDO, MARTA<br>10033 N.W. 127 TERR<br>HIALEAH GARDENS, FL 33018 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ (Nereyda Kircher) 08/01/05 305-248-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #