2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

		711114VF 111	- OILL (ALL	<i></i>	_ VIAI	r 20, 2007 8:00 am	
DOCUMENT # N02000004702 1. Entity Name					Sec	cretary of State -20-2007 90013 016 ****61.25	
TROPICAL MIAMI CIVITAN CLUB INC.					(S)	-20-2007 90013 016 *******61.25	
Principal Place of Business Mai			Mailing Address				
			16021 SW 254 ST HOMESTEAD FL 33031				
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	n. Mailing Address		BBIIP 1101: XXIX DDJE BBIII BBIII BBII? SIBU IRBII BBIIP 110/101 0/ 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1st MO	ORE CR2E037 (10/06)	
City & State			City & State			4. FEI Number Applied For Not Applicable	
Zip	Country		Zip	Country	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
KIRCHER, NEREYDA					Street Address (P.O. Box Number is Not Acceptable)		
16021 SW 254 ST HOMESTEAD FL 33031				40	4047 SW 156 Cf.		
				City M			
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 Fulia Herdoira Julia Herdoiza - Treasure 3/9/07 Signature, typed or priviled faulte at reg stered agent and the 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Camp Trust Fund Con				mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State	
10.		OFFICERS AND DIR		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST-ZIP	P FERNANDEZ, JULIO C 5601 COLLINS AVE, APT 1021 MIAMI BEACH FL 33140		☐ Delete	NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addillon	
TITLE, NAME STREET ADDRESS CITY+ST-ZIP	D BENAVIDES, CARLOS 15255 SW 140TH ST MIAMI FL 33196		☐ Delete	TITLE NAME SIBIFI ADDRESS CITY-ST-7IP		☐ Change ☐ Addition	
NAMF STREET ADDRESS CITY-ST-ZIP	T HERDOIZA, JULIA 4047 SW 156 CT MIAMI FL 33185		☐ Deleie	THE NAME STREET ADDRESS CITY - S1 - ZIP		☐ Change ☐ Addition	
TITUL NAME STREET ADDRESS CITY+ST-ZIP	D KIRCHER, ROBERT 16021 SW 254TH ST HOMESTEAD FL 33031		☐ Delete	TITLE NAME STREET ADDRESS CITY ST 7IP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S KIRCHER, NEREYDA 16021 SW 254 ST HOMESTEAD FL 33-0314		☐ Defete	TITLE NAME STREET ADDRESS CHY-ST-7IP		☐ Change ☐ Addition	
HILE NAME STREET ADDRESS CHY+ST-ZIP	PP		HITE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and a curate 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 trusted empowered to execute his 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 the proposered. SIGNATURE:							
SIGNATURE: / XICHITAGE - MESIBENT 3/9/07							

MESIDENT

Daytime Phone #