


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

06-08-2004 90002 020 \*\*\*\*61.25

<b>DOCUMENT # N02000007741</b> 1. Entity Name <b>KIWANIS CLUB COLOMBIAN AMERICAN FOUNDATION OF MIAMI DADE, CORP.</b>					
Principal Place of Business <b>1915 WEST 8 AVENUE HIALEAH FL 33010</b>				Mailing Address <b>1915 WEST 8 AVENUE HIALEAH FL 33010</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0768173</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LOZANO, ALVARO 1915 WEST 8 AVENUE HIALEAH FL 33010</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>MARULANDA, HECTOR</del>	NAME	<b>CABRERA, CARLOS A.</b>		
STREET ADDRESS	<del>8487 NW 191 STREET</del>	STREET ADDRESS	<b>12205 S.W. 71 COURT.</b>		
CITY-ST-ZIP	<del>MIAMI FL 33015</del>	CITY-ST-ZIP	<b>PINECREST - FL. 33156</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>DEGABNICA, CECILIA</del>	NAME	<b>MARIA L. MARULANDA</b>		
STREET ADDRESS	<del>32 S. ROYAL POINCIANA</del>	STREET ADDRESS	<b>8487 N.W. 191 ST.</b>		
CITY-ST-ZIP	<del>MIAMI SPRINGS FL 33166</del>	CITY-ST-ZIP	<b>MIAMI - FL. 33015</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>PEREZ, MYRIAM</del>	NAME			
STREET ADDRESS	<del>11861 SW 94 STREET</del>	STREET ADDRESS			
CITY-ST-ZIP	<del>MIAMI FL 33186</del>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Maria L. Marulanda</i>		5/29/04		305 887-8576	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	