

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000007741

1. Entity Name
**KIWANIS CLUB COLOMBIAN AMERICAN FOUNDATION
OF MIAMI DADE, CORP.**



Principal Place of Business
**1915 WEST 8 AVENUE
HIALEAH, FL 33010**

Mailing Address
**1915 WEST 8 AVENUE
HIALEAH, FL 33010**



02082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0768173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOZANO, ALVARO
1915 WEST 8 AVENUE
HIALEAH, FL 33010**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed 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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALVARO, LORANO
STREET ADDRESS	1915 W 8TH AVE
CITY- ST- ZIP	PINECREST, FL 33156
TITLE	TD
NAME	MARULANDA, MARIA L
STREET ADDRESS	8487 NW 191ST ST
CITY- ST- ZIP	MIAMI, FL 33015
TITLE	D
NAME	PEREZ, MYRIAM
STREET ADDRESS	11861 SW 94 STREET
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000533390
05/06/06-80116-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06 305-887-85