


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N02000007741 1. Entity Name KIWANIS CLUB COLOMBIAN AMERICAN FOUNDATION OF MIAMI DADE, CORP. |  |
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| Principal Place of Business 1915 WEST 8 AVENUE HIALEAH, FL 33010 | Mailing Address 1915 WEST 8 AVENUE HIALEAH, FL 33010 |
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DO NOT WRITE IN THIS SPACE

04192007 No Chg-NP CR2E037 (4/06)

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|--|-------------------------------|
| 4. FEI Number 01-0768173 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

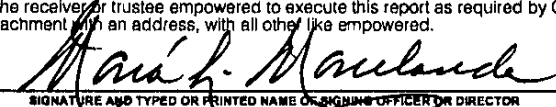
10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALVARO, LORANO 1915 W 8TH AVE PINECREST, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARULANDA, MARIA L 8467 NW 191ST ST MIAMI, FL 33015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, MYRIAM 11861 SW 94 STREET MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

UD00000730672
05/08/07-80090-001 61.25

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:  **4-19-2007** **305 887 8576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #