

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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**



04232008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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
8487 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

U000000937855
05/27/08-80065-017 61.25

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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

4/24/08

Date

305 887-8576

Daytime Phone #