

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 037 ****61.25

DOCUMENT # N13616 1. Entity Name ROTARY CLUB OF MIAMI KENDALL, INC.					
Principal Place of Business 8181 NW 36 ST. 27B MIAMI, FL 33166			Mailing Address 8181 NW 36 ST. 27B MIAMI, FL 33166		
2. Principal Place of Business 8444 SW 158 AVE			3. Mailing Address P.O. Box 960428		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33193			Zip 33296		
Country USA			Country USA		
4. FEI Number 65-0533745				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BECK, HARLAN 8181 NW 36TH STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent Name FELIPE I. CABASE Street Address (P.O. Box Number is Not Acceptable) 8444 SW 158 AVENUE City MIAMI FL Zip Code 33193		
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 Felipe I. Cabase 7/22/05 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, ANNA 8181 NW 36 ST 27B MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzalez, Bernardo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11734 SW 134 CT MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, HARLAN 8181 NW 36 ST., #27B MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ARANGO, EDUARDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5065 SW 165 AVE MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABASE, FELIPE I PO BOX 960428 MIAMI, FL 332960428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CABASE, Felipe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 960 428 MIAMI, FL 33296-0428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Felipe I. Cabase 7/22/05 305-986-4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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