

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

**FILED**

**Feb 19, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N22836**

1. Entity Name  
**THE KIWANIS OF LITTLE HAVANA FOUNDATION, INC.**



Principal Place of Business  
**1400 SW FIRST STREET  
MIAMI, FL 33135 US**

Mailing Address  
**1400 SW FIRST STREET  
MIAMI, FL 33135 US**



02132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0093807**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THE KIWANIS CLUB OF LITTLE HAVANA, INC.  
1400 S.W. FIRST STREET  
MIAMI, FL 33135**

**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

U000000832434  
02/27/08-80059-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GONZALEZ, PEDRO  
8305 HENTEITH TERRACE  
MIAMI LAKES, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
OBDULIO, PIEDRA  
2477 SW 19 ST.  
MIAMI, FL 33145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BOLANO, ANDRES  
124 PALOMA DR  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ORESTES, WRVES  
7148 SW 148 PLACE  
MIAMI, FL 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HALLEY, CARLOS  
821 MALAGA AVE  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GONZALEZ, MANUEL A.  
8770 S.W. 49 STREET  
MIAMI, FL 33165**

**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 duly empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS HALLEY**

**2/13/08**

Date

**(305) 644-8888**

Daytime Phone #