

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22836

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE KIWANIS OF LITTLE HAVANA FOUNDATION, INC.

Current Principal Place of Business:

1400 SW FIRST STREET
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

1400 SW FIRST STREET
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 65-0093807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HALLEY, CARLOS PRES.
821 MALAGA AVENUE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: CARLOS HALLEY

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GONZALEZ, PEDRO
Address: 8305 HENTEITH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: S () Delete
Name: OBDULIO, PIEDRA
Address: 2477 SW 19 ST.
City-St-Zip: MIAMI, FL 33145

Title: T () Delete
Name: BOLANO, ANDRES
Address: 124 PALOMA DR
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: ORESTES, WRVES
Address: 7148 SW 148 PLACE
City-St-Zip: MIAMI, FL 33193

Title: P () Delete
Name: HALLEY, CARLOS
Address: 821 MALAGA AVE
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: GONZALEZ, MANUEL A.,
Address: 8770 S.W. 49 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GONZALEZ, PEDRO
Address: 8305 MENTEITH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: S (X) Change () Addition
Name: OBDULIO, PIEDRA
Address: 7520 S.W. 105 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: T (X) Change () Addition
Name: BOLANO, ANDRES
Address: 124 PALOMA DR
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS HALLEY

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date