


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90003 040 ***158.75

DOCUMENT # N38537	
1. Entity Name THE ROTARY CLUB OF MIAMI GRANADA, INC.	

Principal Place of Business P.O. BOX 144474 CORAL GABLES FL 33114-4474	Mailing Address P.O. BOX 144474 CORAL GABLES FL 33114-4474
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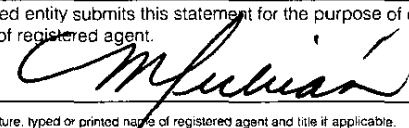
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent AGUILERA, GUIDO 815 PONCE DE LEON BLVD. SUITE 204 CORAL GABLES FL 33134	
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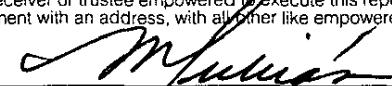
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in 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.	MANUEL F. LUBIAN 1/23/04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBIAN, MANUEL F <input checked="" type="checkbox"/> Delete 8521 SW 75 STREET MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRILAUSKAS, RICARDO <input checked="" type="checkbox"/> Delete 10500 SW 98 ST MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, REINALDO <input type="checkbox"/> Delete 10400 SW 92 AVE MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, ANTONIO <input checked="" type="checkbox"/> Delete 7702 SW 84TH PLACE MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberto VILLANI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10445 NW 43 TERR MIAMI FLA 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENE NEGRON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10446 NW 46 ST MIAMI FLA 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL F. LUBIAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8521 SW 75 ST MIAMI FLA 33143
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"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/23/04 Date Daytime Phone #