


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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
-------------------------------------------------------------------------------	-------------------------------------------------------------------



01122005 No Chg-NP OR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2857214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGUILERA, GUIDO 815 PONCE DE LEON BLVD. SUITE 204 CORAL GABLES, FL 33134

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

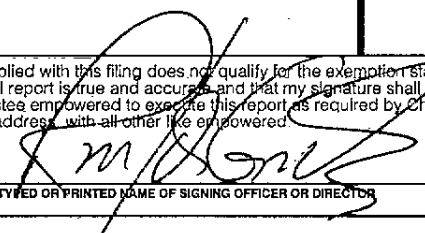
000000196630
01/26/05-80073-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANI, ROBERTO 10445 NW 43 TERR. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGRON, RENE 10446 NW 46 ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, REINALDO 10400 SW 92 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBIAN, MANUEL F 8521 SW 75 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1-12-05 (305) 592 8026

Date

Daytime Phone #