

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2008 8:00 am
Secretary of State

04-11-2008 90044 002 *****8.75
06-11-2008 90002 003 *****52.50

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		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2857214	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AGUILERA, GUIDO 815 PONCE DE LEON BLVD. SUITE 204 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> Signature, title, or printed name of registered agent, and title, if applicable. 03/26/08 DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D NEGRON, RENE 10446 NW 46 ST MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arturo L. Abreu 14215 S.W. 166 Terr. Miami, FL 33177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GONZALEZ, EUGENIO 6111 SW 14TH ST WEST MIAMI FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03/26/08 DATE Page 1 of 1		