


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46887**  
 1. Entity Name  
**KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.**



Principal Place of Business      Mailing Address  
**701 S W 109 AVE**      **P O BOX 821822**  
**108**      **SOUTH FLORIDA, FL 33082 US**  
**PEMBROKE PINES, FL 33025 US**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**NOT APPLICABLE**      **(Not Applicable)**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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6. Name and Address of Current Registered Agent  
**SANTELICES, ERNEST L PD**  
**701 S W 109 AVE.**  
**109**  
**PEMBROKE PINES, FL 33025**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTELICES, ERNEST L 701 S W 109 AVE. #108 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANTELICES, LOUISE S 701 S W 109 AVE. #108 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DOMINGUEZ, ISABEL 160 S FLAMINGO ROAD PEMBROKE PINES, FL 33027
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1100000385135  
 01/18/06-80004-015 61.25

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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 like empowered.

SIGNATURE: *Ernest L Santelices*      Date: Jan 13, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #