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

Jan 31, 2005 8:00 am Secretary of State DOCUMENT # N93000003934 01-31-2005 90069 003 ****70.00 MIAMI-MANAGUA LIONS CLUB, INC. Principal Place of Business® Mailing Address 40009598 14793 SW 81 ST P.O. BOX 831388 MIAMI, FL 33283-1388 US MIAMI, FL 33193 . . US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 65-0432716 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROA, EDGAR E Street Address (P.O. Box Number is Not Acceptable) 14793 SW 81 STREET MIAMI, FL 33193 City 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 eccept 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Change Addition TITLE TITLE Delete PD ROA. EDGAR E HISLOP, EDUARDO NAME NAME STREET ADDRESS 14793 SW 81 STREET STREET ADDRESS 1900 NW 135 ST. MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33167 TITLE SD Delete 3 D ☐ Change Addition CHANG, ALTONSO 640 SW 114 CT. ZUNIGA, MARGARITA NAME NAME 1650 NE 135 ST #602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRMI, FL 33174 N MIAMI, FL 33181 CITY-ST-ZIP ☐ Delete Change ☐ Addition TELF TITLE ABDALLAH, FADYLLA NAME NAME STREET ADDRESS 9923 W COKKECHOBEE RD #313-D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33016 Delete ☐ Change TELLE ■ Addition TITLE BARQUERO, SOL NAME NAME 1734 SW 102 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP Delete ☐ Change Addition D۷ TITLE TITLE TELLEZ, OCTAVIO PAZ. ELDYS MAME NAME STREET ADDRESS STREET ADDRESS 19720 GULFSTREAM RD #313-D MIKMI, FL 33174 CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33016 Detete TITLE ☐ Change ☐ Addition TITLE AVILES, ANA M NAME 8625 NW 8 STREET #112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33126 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

ROA

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GDGAR

SIGNOCTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-27-05

387-8500

Daytime Phone #

FILED