2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001516

FILED Feb 09, 2005 Secretary of State

Entity Name: KIWANIS CLUB COLOMBIA-U.S.A. FOUNDATION, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
PO BOX 43 SOUTH MI	3-0748 AMI, FL 33243	US				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 43 SOUTH MI	3-0748 AMI, FL 33243	US				
FEI Number:	65-0589413	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
VELANDIA 6065 NW 1 MIAMI LAK		US				
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	c Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I BARROS, PIEDA 1538 BIRD ROAI CORAL GABLES	D	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D () I VELANDIA, MER P.O. BOX 43074 SOUTH MIAMI, F	8	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	P ()[VELANDIA, WILS 6065 NW 167 ST MIAMI LAKES, F	Г. #В15	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	COURRAU, MAR P.O. BOX 43074	8	Title: Name: Address: City-St-Zip:	CANON, GLO P.O. BOX 430	0748	
Title: Name: Address: City-St-Zip:	TD () I COURRAU, GER P.O. BOX 43074 SOUTH MIAMI, F	8	Title: Name: Address: City-St-Zip:	TD (GIRALDO, MA P.O. BOX 430 SOUTH MIAM	0748	
Title: Name: Address: City-St-Zip:	D () I LOZANO, ANTEN P.O. BOX 43074 SOUTH MIAMI, F	8	Title: Name: Address: City-St-Zip:	(() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON VELANDIA P 02/09/2005