

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91060 018 \*\*\*158.75

<b>DOCUMENT # N94000005555</b> 1. Entity Name <b>THE CORAL WAY COLOMBIAN LIONS CLUB, INC.</b>			
Principal Place of Business 11510 SW 92 ST MIAMI, FL 33176 US		Mailing Address 16455 SW 236 STREET HOMESTEAD, FL 33031 US	
2. Principal Place of Business <b>9885 NW 52 TER</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State - <b>MIAMI FL</b> Zip <b>33178</b> Country <b>USA</b>		City & State Zip Country	
4. FEI Number <b>65-0732738</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>OLARTE, LUIS</b> <b>16455 SW 236 STREET</b> <b>HOMESTEAD, FL 33031</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARKAS, YAZMIN 8241 SW 32 TERRACE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yolanda Rivers 9885 NW 52 TER MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVERS, YOLANDA 9885 NW 52 TERRACE MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALMA MIRON 9885 NW 52 TER MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCOBAR, LEYDA 8365 SW 39 STREET MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELENA BEDOYA 3015 NW 83 TER MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEDOYA, ELENA 3015 NW 83 TERRACE MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO SANTACOLOMA 8241 SW 32 TER MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDOYA, OTTO 3015 NW 83 TERRACE MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICIA FARKAS 8241 SW 32 TER MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKAS, ALICIA 8241 SW 32 TERRACE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAZMIN FARKAS 8241 SW 32 TER MIAMI FL 33155
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-15-04</b> Daytime Phone # <b>305 5918735</b>	