2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90043 047 ****61.25

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.

Principal Place of Business	Mailing Address
1915 WEST 8TH AVENUE HIALEAH FL 33010	1915 WEST 8TH AVENUE HIALEAH FL 33010

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/04)

4. FEI Number 65-0920375 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARULANDA, HECTOR 8487 NW 191 STREET HIALEAH FL 33015	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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	PD ☑ Delete	TITLE	President ☐ Change ☑ Addition
NAME	CABREARA, CARLOS A	NAME	Alvaro Lozano
STREET ADDRESS	12205 SW 71 COURT	STREET ADDRESS	1915 West 8 Ave
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	Hialeah, FL 33010
TITLE	VD ☑ Delete	TITLE	Secretary ☐ Change ☑ Addition
NAME	LOZANO, ALVARO	NAME	Miriam Perez
STREET ADDRESS	1915 WEST 8TH AVE.	STREET ADDRESS	11861 SW 84 St.
CITY-ST-ZIP	MIAMI FL 33010	CITY-ST-ZIP	Miami, FL 33186
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LEON, MARTIN R	NAME	
STREET ADDRESS	7102 NW 50 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARULANDA, MARIA L	NAME	
STREET ADDRESS	8487 NW 19 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: _____ 3/7/05 305.883.6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #