

FILED
Mar 15, 2005 8:00 am
Secretary of State

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem. 2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team. 3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task. 4. The fourth step is to implement the plan. This involves assigning tasks to team members, setting deadlines, and monitoring progress. 5. The fifth step is to evaluate the results of the project. This involves comparing the actual outcomes against the objectives and goals to determine the effectiveness of the project. 6. Finally, the sixth step is to document the findings and lessons learned from the project. This helps to ensure that the information is shared and can be used to inform future projects.

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.

Principal Place of Business

1915 WEST 8TH AVENUE
HIALEAH FL 33010

Mailing Address

1915 WEST 8TH AVENUE
HIALEAH FL 33010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARULANDA, HECTOR
8487 NW 191 STREET
HIALEAH FL 33015

7. Name and Address of New Registered Agent

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

TITLE

PD

NAME

CABREARA, CARLOS A

STREET ADDRESS

12205 SW 71 COURT

CITY-ST-ZIP

MIAMI FL 33156

Delete

TITLE

VD

NAME

LOZANO, ALVARO

STREET ADDRESS

1915 WEST 8TH AVE.

CITY-ST-ZIP

MIAMI FL 33010

Delete

TITLE

D

NAME

LEON, MARTIN R

STREET ADDRESS

7102 NW 50 STREET

CITY-ST-ZIP

MIAMI FL 33166

Delete

TITLE

TD

NAME

MARULANDA, MARIA L

STREET ADDRESS

8487 NW 19 ST

CITY-ST-ZIP

HIALEAH FL 33015

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

PRESIDENT

NAME

ALVARO LOZANO

STREET ADDRESS

1915 WEST 8 AVE

CITY-ST-ZIP

HIALEAH, FL 33010

Change

Addition

TITLE

SECRETARY

NAME

MIRIAM PEREZ

STREET ADDRESS

11861 SW 94 ST

CITY-ST-ZIP

MIAMI, FL 33186

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

305.883.6004

Date

Daytime Phone #

Mar 13, 2005 8:00 am

Secretary of State

03-15-2005 90043 047 ****61.25

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0920375

Applied For

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

\$8.75

Barcode