


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

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 721665</b> 1. Entity Name <b>ACTION COMMUNITY CENTER, INC.</b>	
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Principal Place of Business <b>970 SW FIRST ST., STE 304 MIAMI FL 33130</b>	Mailing Address <b>970 SW FIRST ST., STE 304 MIAMI FL 33130</b>
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1st MOORE CR2E037 (10/04)

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

4. FEI Number <b>59-1620743</b>	Applied For <input type="checkbox"/> Not Applied
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6. Name and Address of Current Registered Agent  <b>MONTES DE OCA, MERCY 502 N.W. 87TH AVE. #106 MIAMI FL 33172</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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		<input type="checkbox"/> Delete
TITLE	PCD ALZOLA, ERNESTO	<input type="checkbox"/>
NAME	1101 SW 103RD COURT	
STREET ADDRESS	MIAMI FL	
CITY- ST- ZIP		
TITLE	VD BAGUE, IRELA	<input type="checkbox"/>
NAME	15 MADEIRA AVE #6	
STREET ADDRESS	CORAL GABLES FL 33134	
CITY- ST- ZIP		
TITLE	SD ACOSTA, DOMINGO	<input type="checkbox"/>
NAME	3950 SW 2ND STREET	
STREET ADDRESS	MIAMI FL	
CITY- ST- ZIP		
TITLE	TD MONTES, DE OCA-GUTIERR M	<input type="checkbox"/>
NAME	502 N.W. 87TH AVE. #106	
STREET ADDRESS	MIAMI FL 33172	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

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01/26/05-80085-018 70 00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Maria P. Albo</i>	Maria P. Albo Executive Director 01-21-05 (305) 545-9298	DATE
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