


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90196 026 \*\*\*\*61.25

<b>DOCUMENT # N02000004768</b>			
1. Entity Name <b>ACTING FOR ALL, INC.</b>			
Principal Place of Business 2100 PONCE DE LEON BLVD. SUITE 1170 CORAL GABLES, FL 33134		Mailing Address 2100 PONCE DE LEON BLVD. SUITE 1170 CORAL GABLES, FL 33134	
2. Principal Place of Business <i>2100 Ponce de Leon Blvd</i>		3. Mailing Address <i>2100 Ponce de Leon Blvd</i>	
Suite, Apt. #, etc. <i>Suite 901</i>		Suite, Apt. #, etc. <i>Suite 901</i>	
City & State <i>Coral Gables FL</i>		City & State <i>Coral Gables FL</i>	
Zip <i>33134</i>	Country	Zip <i>33134</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALONSO-POCH, MANUEL 2100 PONCE DE LEON BLVD. SUITE 1170 CORAL GABLES, FL 33134		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D, PRESIDENT ALONSO-POCH, MANUEL 2100 PONCE DE LEON BLVD. #1170 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Noy, DIRECTOR 2100 Ponce de Leon Blvd 901 Coral Gables FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SECRETARY, TREASURER MONTANER, RUTH 3750 SW 8 STREET MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel Rodriguez 2100 Ponce de Leon Blvd 901 Coral Gables FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, JORGE 2100 PONCE DE LEON BLVD. #1170 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Manuel Ponce de Leon</i> President		4/29/04 305 448-1100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	