

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 16, 2005  
Secretary of State

DOCUMENT# N02000004768

Entity Name: ACTING FOR ALL, INC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
SUITE 901  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
SUITE 901  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 16-1621916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALONSO-POCH, MANUEL  
2100 PONCE DE LEON BLVD.  
SUITE 1170  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALONSO-POCH, MANUEL  
Address: 2100 PONCE DE LEON BLVD. 3901  
City-St-Zip: CORAL GABLES, FL 33134

Title: DST ( ) Delete  
Name: MONTANER, RUTH  
Address: 3750 SW 8 STREET  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: GUERRA, JORGE  
Address: 2100 PONCE DE LEON BLVD. #1170  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: NOY, JOSE  
Address: 2100 PONCE DE LEON BLVD. #901  
City-St-Zip: MIAMI, FL 33134

Title: D (X) Delete  
Name: MODUEDOV, DANIEL  
Address: 2100 PONCE DE LEON BLVD.  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ALONSO-POCH

DP

05/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date