

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000842

FILED
Mar 30, 2005
Secretary of State

Entity Name: ACTION OF SOLIDARITY, INC.

Current Principal Place of Business:

141 CRANDON BLVD
APT #431
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

141 CRANDON BLVD
APT #431
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0752133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PLAZA, CRISTOBAL
935 PENNSYLVANIA AVE #305
MIAMI BEACH, FL 33139 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: PD () Delete
Name: CORCES, PEDRO FATHER
Address: 275 NW 130 AVE
City-St-Zip: MIAMI, FL 33182

Title: DV () Delete
Name: REYNA, FELICIANO
Address: EDF EL PALMAR #3B CALLE LA CINTA LAS
City-St-Zip: CARACAS VENEZUELA 1064, MERCEDES OC

Title: SD () Delete
Name: GRISANTI, ARMANDO
Address: EDF PALMA REAL #1 CALLE CALIFORNIA LAS
City-St-Zip: CARACAS, VENEZUELA 1064, MERCEDES OC

Title: D () Delete
Name: GRISANTI, ANA MARIA
Address: 141 CRANDON BLVD #431
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: VERGEL, NELSON
Address: 1112 JACKSON BLVD
City-St-Zip: HOUSTON, TX 77006

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: ANA MARIA GRISANTI

D

03/30/2005

Electronic Signature of Signing Officer or Director

Date