2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90036 001 ****61.25
03-15-2007 90036 002 *****8.75

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1. Entity Name
ACTION OF SOLIDARITY, INC.

66005182

Principal Place of Business	Mailing Address
141 CRANDON BLVD APT #431 KEY BISCAYNE, FL 33149	141 CRANDON BLVD APT #431 KEY BISCAYNE, FL 33149

01262007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0752133
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PLAZA, CRISTOBAL
2403 SW 16TH. CT.
MIAMI, FL

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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 [signature] CRISTOBAL PLAZA, PROGRAM COORDINATOR 1.27.07.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORCES, PEDRO FATHER
STREET ADDRESS	275 NW 130 AVE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	DV
NAME	REYNA, FELICIANO
STREET ADDRESS	EDF EL PALMAR #3B CALLE LA CINTA LAS
CITY-ST-ZIP	CARACAS VENEZUELA 1064, mercedes
TITLE	SD
NAME	GRISANTI, ARMANDO
STREET ADDRESS	EDF PALMA REAL #1 CALLE CALIFORNIA LAS
CITY-ST-ZIP	CARACAS, VENEZUELA 1064, mercedes
TITLE	D
NAME	GRISANTI, ANA MARIA
STREET ADDRESS	141 CRANDON BLVD #431
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	VERGEL, NELSON
STREET ADDRESS	1112 JACKSON BLVD
CITY-ST-ZIP	HOUSTON, TX 77006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 1.27.07 (305)3949451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #