

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N97000000842

1. Entity Name
ACTION OF SOLIDARITY, INC.



Principal Place of Business

**141 CRANDON BLVD
APT #431
KEY BISCAVNE, FL 33149**

Mailing Address

**141 CRANDON BLVD
APT #431
KEY BISCAVNE, FL 33149**



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

CRISTOBAL PLAZA

[Signature]

1-29-08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CORCES, PEDRO FATHER
275 NW 130 AVE
MIAMI, FL 33182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
REYNA, FELICIANO
EDF EL PALMAR #3B CALLE LA CINTA LAS
CARACAS VENEZUELA 1064, mercedes**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
GRISANTI, ARMANDO
EDF PALMA REAL #1 CALLE CALIFORNIA LAS
CARACAS, VENEZUELA 1064, mercedes**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GRISANTI, ANA MARIA
141 CRANDON BLVD #431
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
VERGEL, NELSON
1112 JACKSON BLVD
HOUSTON, TX 77006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U000000816320
02/14/08-80045-016 61.25**

**DO NOT WRITE
IN THIS SPACE**

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: Ana Maria Grisanti]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/08