## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000842

Entity Name: ACTION OF SOLIDARITY INC.

1112 JACKSON BLVD

HOUSTON, TX 77006

Address: City-St-Zip: FILED Apr 29, 2009 Secretary of State

	mer Acrici	OF GOLIDARTT, IIVO.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	IDON BLVD				
APT #431 KEY BISC.	AYNE, FL 33	149			
Current N	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
	IDON BLVD				
APT #431 KEY BISC.	AYNE, FL 33	149			
FEI Number	: 65-0752133	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
PLAZA, CRISTOBAL 2403 SW 16TH. CT. MIAMI, FL US			PLAZA, CRISTOBAL 3301 NE 5TH AVE #219 MIAMI, FL 33137 US	3301 NE 5TH AVE #219	
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CRISTOBAL PLAZA				04/29/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	REYNA, FELIC EDF EL PALM	) Delete CIANO IAR #3B CALLE LA CINTA LAS NEZUELA 1064, MERCEDES OC	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GRISANTI, AR EDF PALMA F	) Delete MANDO REAL #1 CALLE CALIFORNIA LAS ENEZUELA 1064, MERCEDES OC	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( GRISANTI, AN 141 CRANDOI KEY BISCAYN	N BLVD #431	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( VERGEL, NEL	) Delete .SON	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: CRISTOBAL PLAZA RA 04/29/2009