## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000842

Entity Name: ACTION FOR SOLIDARITY, INC.

**Current Principal Place of Business:** 

7455 COLLINS AVE SUITE 209

MIAMI BEACH, FL 33141

**Current Mailing Address:** 

3301 NE 5TH AVE APT.#219

MIAMI, FL 33137 US

FEI Number: 65-0752133 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PLAZA, CRISTOBAL 3301 NE 5TH AVE APT.#219

MIAMI, FL 33137 US

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

**FILED** Mar 22, 2017

Secretary of State

CC3892378080

Officer/Director Detail:

PRESIDENT, DIRECTOR, (STRATEGY Title Title

OPERATIONS)

Name REYNA, FELICIANO

AVE ORINOCO, QTA LOS OLIVOS, Address

HOUSTON TX 77006

**BELLO MONTE** 

City-State-Zip: CARACAS D.F 1050

Title COO, DIRECTOR (STRATEGY

OPERATIONS-PROGRAM FOCUSED)

Name VERGEL, NELSON

Address 1112 JACKSON BLVD

Title DIRECTOR, (STRATEGY OPERATIONS-PROGRAM FOCUSED)

Name MURILLO, JORGE M.D.

8740 SW 88TH ST

Address 208

City-State-Zip:

City-State-Zip: MIAMI FL 33176

Title SECRETARY, DIRECTOR, (STRATEGY

OPERATIONS)

TIRADO, GEORGE Name Address 7455 COLLINS AVE

**SUITE 209** 

City-State-Zip: MIAMI BEACH FL 33141

Name PLAZA, CRISTOBAL

Name

Title

Address

City-State-Zip:

PROGRAM FOCUSED)

Address 3301 NE 5TH AVE

219

City-State-Zip: MIAMI FL 33137

Title DIRECTOR, (STRATEGY

OPERATIONS-PROGRAM FOCUSED)

DIRECTOR, (PROGRAM FOCUSED)

AVE ORINOCO, QTA. LOS OLIVOS,

VP, CEO, (STRATEGY OPERATIONS-

GRISANTI, ARMANDO

CARACAS D.F 1050

**BELLO MONTE** 

Name SILEBI, VANESSA M.D

Address 3661 SOUTH MIAMI AVE

SUITE 108

City-State-Zip: MIAMI FL 33133

I hereby 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 all other like empowered.

SIGNATURE: CRISTOBAL PLAZA

**CEO** 

03/22/2017