## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2004 8:00 am Secretary of State

DOCUMENT # 721665  I. Entity Name ACTION COMMUNITY CENTER, INC.    Principal Place of Business   Substitution	ary of State	Secretary		,	OICI	AITHOAL ILLI		
970 SW RIST ST, STE 304 MIAMI, FL 33130  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State							)	1. Entity Name
Suite. Apt. #, etc.  Suite. Apt. #, etc.  O1062004 Chg-NP CR2E037 (10/03)  City & State  City & Stat				304	SW FIRST ST., STE 30	970 S	970 SW FIRST ST., STE 304	
City & State  Street Address of Current Registered Agent  Filing Fee Is \$81.25  Due by May 1, 2004  Signature, speak or present runner of registered agent and side 4 applicables  Filing Fee Is \$81.25  Due by May 1, 2004  Signature Signatures Signature				ing Address	3. Maili	2. Principal Place of Business		
Signature   Sign	CR2E037 (10/03)			te, Apt. #, etc.	Sui	Suite, Apt. #, etc.		
Size Address of Status Desired Agent Agent	Applied For Not Applicable	4		y & State	City	City & State		
Name    Street Address (P.O. Box Number is Not Acceptable)	\$0.75 Additional	5. Certificate of Status Desired		Country	'	Country Zip	Count	Zip
MONTES DE OCA, MERCY 502 N.W. 87TH AVE, #106 MIAMI, FL 33172  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 the obligations of registered agent.  SIGNATURE    Signature   Signatur	legistered Agent	7. Name and Address of New Registers	7		d Agent	Address of Current Registere	6. Name and Addr	
And MAMI, FL 33172    City								
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 the obligations of registered agent.  SIGNATURE  Signature, typed or prised name of registered agent and till of applicable. (NOTE Registered Agent signature required when reinstating)  DATE  Filling Foe Is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  Detate  FILL  PCD  ALZOLA, ERNESTO  SIREET ADDRESS  CITY-ST-2P  MIAMM, FL  331.74  Detate  FERNANDEZ CANO, MANOLO  SIREET ADDRESS  CITY-ST-2P  MIAMM, FL  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  CITY-ST-2P  MIAMM, FL  SIREET ADDRESS  CITY-ST-2P  MIAMM SIREET ADDRESS  CITY-ST-2P  MIAMM SIREET ADDRESS  CITY-ST-2P  MIAMM SIREET ADDRESS  CITY-ST-2P  MIAMM SIREET ADDRESS  CITY-ST-2P  CORAL GABLES, FL 33134  CITY-ST-2P  CORAL GABLES, FL  SIREET ADDRESS  CITY-ST-2P  CORAL GABLES, FL  SIREET ADDRESS  CITY-ST-2P  MIAMM SIREET ADDRESS  CITY-ST-2P  CORAL GABLES, FL  SIREET ADDRESS  CITY-ST-2P  CORAL GABLES  CORAL	3)	Address (P.C	Street Ac					
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The obligations of registered agent.  SIGNATURE  Signature, typed or privind name of registered agent and table if applicable.  Filling Fee Is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL  MAKE SIREET ADDRESS 1101 SW 103RD COURT CITY-ST-2IP ITILE VD NAME SIREET ADDRESS 0303 SW 16 ST CITY-ST-2IP MIAMI, FL SD NAME SIREET ADDRESS 0117-ST-2IP MIAMI, FL SD Delete NAME MONTES, DE OCA-GUTIERR M SIREET ADDRESS 0117-ST-2IP MIAMI, FL SD Delete NAME SIREET ADDRESS 0117-ST-2IP MIAMI, FL SD Delete NAME SIREET ADDRESS 0117-ST-2IP MIAMI, FL SD Delete NAME SIREET ADDRESS 0117-ST-2IP MIAMI, FL SD Delete SIREET ADDRESS 0117-ST-2IP MIAMI, FL SS SIREET ADDRESS 0117-ST-2IP SIREET ADR	FL.							
Trust Fund Contribution. Added to Fees Florida Department of S  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  ITILE PCD Delete NAME ALZOLA, ERNESTO STREET ADDRESS OTTY-ST-ZIP NIAMI, FL 33174 STREET ADDRESS OTTY-ST-ZIP NIAMI, FL 33174 STREET ADDRESS OTTY-ST-ZIP NIAMI, FL SD Delete NITLE SD DELETE NAME ACOSTA, DOMINGO STREET ADDRESS OTTY-ST-ZIP NIAMI, FL 33134 STREET ADDRESS OTTY-ST-ZIP NIAMI, FL 33172 Delete NAME STREET ADDRESS OTTY-ST-ZIP NIAMI STREET ADDRESS OTTY-ST-ZIP NIAMI STREET ADDRESS OTTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				·	rinted name of registered agent and title if app	Signature, typed or printed nar	SIGNATURE _
TITLE NAME ALZOLA, ERNESTO Delete NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174  TITLE VD MIAMI, FL 33174  TITLE VD MIAMI, FL 33174  TITLE SD MIAMI, FL SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD Delete TITLE NAME ACOSTA, DOMINGO STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD DELETE MONTES, DE OCA-GUTIERR M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE MIAMI, FL 33172  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE MAME STREET ADDRESS CITY-ST-ZIP	rida Department of State	Added to Fees Florida De		Contribution.	Trust Fund Co	/ 1, 2004	Due by May 1, 2	
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NAME STREET ADDRESS CITY-ST-ZIP  12   become continued to be information output and the filling does not qualify for the exemption stated in Section 119 07/3/(i) Florida Statutes   Lityther certify that the	☐ Change ☐ Addition	0		STREET ADDRESS City-St-Zip	☐ Delete			STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Prorida 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.

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IRELA BAGUE

01-09-04

(305) 545-9298

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Daytime Phone #