

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740523

FILED
Feb 02, 2009
Secretary of State

Entity Name: AMOR EN ACCION, INC.

Current Principal Place of Business:

9401 BISCAYNE BOULEVARD
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141523
MIAMI, FL 33114

New Mailing Address:

FEI Number: 59-2354447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, LUIS
MELLON FINANCIAL CENTER
1111 BRICKELL AVENUE SUITE 1900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARILL, ALICIA
Address: 6367 S.W. 15TH STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: ROVIRA, LOURDES
Address: 9400 SW 88 TERR
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: CHIRINO, JOSEFINA
Address: 4550 NW 5 ST
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: CUETO, CARLOS
Address: 13191 SW 20 STREET
City-St-Zip: MIAMI, FL 33184

Title: TD () Delete
Name: VIEIRA, OLGA M
Address: 1640 SW 17 ST
City-St-Zip: MIAMI, FL 33145

Title: VD () Delete
Name: GARCIA, ADRIANO
Address: 6101 SW 20 ST
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: OLGA M. VIEIRA

TD

02/02/2009

Electronic Signature of Signing Officer or Director

Date