


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-16-2004 90038 013 ****61.25

DOCUMENT # 741144					
1. Entity Name ACCION REDENTORA INCORPORATED					
Principal Place of Business 785 NW 17 CT. MIAMI FL 33125			Mailing Address 785 NW 17 CT. MIAMI FL 33125		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1801568	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent SUAREZ, HEBER 785 NW 17 COURT MIAMI FL 33125			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$81.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUAREZ, HEBER		NAME		
STREET ADDRESS	785 NW 17 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIGUEIRA, BENNIGRO		NAME		
STREET ADDRESS	5411 SW 7 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABREU, SANTIAGO		NAME		
STREET ADDRESS	3711 SW 87 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL RIO, OLGA		NAME	<i>VS</i>	
STREET ADDRESS	4845 NW 7 STREET #207		STREET ADDRESS	<i>DEL RIO, OLGA</i>	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	<i>4845 NW 7 ST #207</i>	
				<i>MIAMI, FL 33126</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINQUES, JESUS		NAME		
STREET ADDRESS	505 NW 35 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAVEZ, DIEGO		NAME		
STREET ADDRESS	2006 SW 5 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		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)(i), 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: <i>Heber Suarez</i>			Date: <i>3-27-2004</i> Daytime Phone #: <i>305)642-7942</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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MOORE CR2E037 (11/03)