


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 741144 1. Entity Name ACCION REDENTORA INCORPORATED	
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Principal Place of Business 765 NW 17 CT. MIAMI FL 33125	Mailing Address 765 NW 17 CT. MIAMI FL 33125
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1801568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUAREZ, HEBER 765 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
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SUAREZ, HEBER MR
STREET ADDRESS	765 NW 17 COURT
CITY - ST - ZIP	MIAMI FL 33125
TITLE	VP <input type="checkbox"/> Delete
NAME	FIGUEIRA, BENNIGRO MR
STREET ADDRESS	5411 SW 7 STREET
CITY - ST - ZIP	MIAMI FL 33143
TITLE	S <input type="checkbox"/> Delete
NAME	ABREU, SANTIAGO MR
STREET ADDRESS	3711 SW 87 COURT
CITY - ST - ZIP	MIAMI FL 33165
TITLE	VS <input type="checkbox"/> Delete
NAME	DEL RIO, OLGA MS
STREET ADDRESS	4845 NW 7 STREET #207
CITY - ST - ZIP	MIAMI FL 33126
TITLE	T <input type="checkbox"/> Delete
NAME	DOMINQUES, JESUS MR
STREET ADDRESS	505 NW 35 AVENUE
CITY - ST - ZIP	MIAMI FL 33125
TITLE	VT <input type="checkbox"/> Delete
NAME	CHAVEZ, DIEGO MR
STREET ADDRESS	2006 SW 5 STREET
CITY - ST - ZIP	MIAMI FL 33135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000699266
CITY - ST - ZIP	04/19/07-80035-021 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 