

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90531 035 ****70.00

DOCUMENT # N26576

1. Entity Name
MANOS EN ACCION, INC.



Principal Place of Business
**6202 W 21ST COURT
SUITE 402
HIALEAH, FL 33016 US**

Mailing Address
**6202 W 21ST COURT
SUITE 402
HIALEAH, FL 33016 US**

50046058



2. Principal Place of Business

3. Mailing Address

01252005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0058302

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTELA, CARMEN
6621 ACACIA CT.
SOUTH MIAMI, FL 33142**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTELA, CARMEN	
STREET ADDRESS	6621 ACACIA CT.	
CITY-ST-ZIP	SOUTH MIAMI, FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CORPION, CARMEN G.	
STREET ADDRESS	2231 SW 83 AVE.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ESPINOSA, GISELA	
STREET ADDRESS	90 EDGEWATER DRIVE 326	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARANGO, RAFAEL MD	
STREET ADDRESS	140 S. HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENACH, TERE	
STREET ADDRESS	220 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, AMUNDSEN G	
STREET ADDRESS	2828 CORAL WAY, STE. 110	
CITY-ST-ZIP	CORAL GABLES, FL 33145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oliva, Carlos	
STREET ADDRESS	6189 NW 167 St, Unit #22	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARELA, DAISY	
STREET ADDRESS	13441 SW 2nd Street	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suarez, Maria	
STREET ADDRESS	6000 SW 96 Avenue	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Viera-moreno, Graciela	
STREET ADDRESS	11802 SW 98 Court	
CITY-ST-ZIP	Hialeah, Florida 33174	
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 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:

Carmen Portela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-845525