

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26576

FILED
Apr 26, 2006
Secretary of State

Entity Name: MANOS EN ACCION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0058302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PORTELA, CARMEN
6621 ACACIA CT.
SOUTH MIAMI, FL 33143 US

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

04/26/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTELA, CARMEN,
Address: 6621 ACACIA CT.
City-St-Zip: SOUTH MIAMI, FL

Title: VTD () Delete
Name: CORPION, CARMEN G.,
Address: 2231 SW 83 AVE.
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: SUAREZ, MARIA
Address: 6000 SW 96TH AVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: ARANGO, RAFAEL MD
Address: 140 S. HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: BENACH, TERE
Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: RICHARD, AMUNDSEN G
Address: 2828 CORAL WAY, STE. 110
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTELA, CARMEN,
Address: 6621 ACACIA CT.
City-St-Zip: SOUTH MIAMI, FL 33143

Title: TD (X) Change () Addition
Name: CORPION, CARMEN G
Address: 2231 SW 83 AVE.
City-St-Zip: MIAMI, FL

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

Title: VD (X) Change () Addition
Name: ARANGO, RAFAEL MD
Address: 140 S. HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

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 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: CARMEN PORTELA

Electronic Signature of Signing Officer or Director

PD

04/26/2006

Date