2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26576

ANNUAL REPORT FILED
Feb 24, 2009
Secretary of State

Entity Name: MANOS EN ACCION, INC.

Current Principal Place of Business: New Principal Place of Business: 6250 WEST 21 CT. HIALEAH, FL 33016 US **Current Mailing Address: New Mailing Address:** 6250 WEST 21 CT HIALEAH, FL 33016 US FEI Number: 65-0058302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORS, LUIS A 11890 S.W. 8TH STREET - PH-6 MIAMI, FL 33184 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VALDES, ANGEL P Name: Name: 5836 NW 197TH TERRACE Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: () Delete Title: () Change () Addition DEMAHY, ANA M Name: Name: Address: 8593 ARDOCH ROAD Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: () Delete Title: (X) Change () Addition VALENCIA, ELIZABETH Name: CONCEPCION, DAVID Name: 9795 SW 62ND STREET 240 WEST 61 ST. STREET Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: HIALEAH, FL 33012 Title: S/T () Delete Title: D (X) Change () Addition Name: CONCEPCION, DAVID Name: HEVIA, BENNY 240 WEST 61ST STREET Address: Address: 683 WEST 34TH STREET City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012 Title: () Delete Title: (X) Change () Addition AMUNDSEN, RICHARD G HEVIA, BARBARA Name: Name: 1125 GREENWAY DRIVE 683 WEST 34TH STREET Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: HIALEAH, FL 33012 Title: () Delete Title: () Change () Addition BOVO, ESTEBAN Name: Name: Address: 765 WEST 76TH STREET Address: HIALEAH, FL 33014 City-St-Zip: 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: ANGEL P. VALDES PRES 02/24/2009