2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

*DOCUMENT # N9300005340 1. Entity Name VECINOS EN ACCION, INC.					:	05-06-2005	5 90102 049 ****	61.25		
Principal Place 304 C SW 12 332-A MIAMI, FL 33	TH AVENUE	Mailing Address 1688 SW 22ND STREE MIAMI, FL 33130 U	688 SW 22ND STREET			50050352				
	lace of Business	I. Mailing Address								
1210 SW 3 rd S7 Suite, Apt. #, etc.		Suite, Apt. #, etc.				05022005	Chg-NP	CR2E037 (10/03)		
City & State	e	City & State				4. FEI Number			Applied For	
MIAMI FL Zip DO TO Country		Zip Coun		ntrv		59-3223386 Not Applicable				
3313.5					5. Certificate of Status Desired Fee Required					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
GONZALEZ, LAURA 304-C SW 12TH AVENUE MIAMI, FL 33130					Street Address (P.O. Box Number is Not Acceptable)					
WIIAWII, FC	33130			City				— Zio Co	da	
The above named entity submits this statement for the purpose of changing its registers.					FL					
SIGNATURE .	Signature, typed or printed name of registered agent ar			-	ne required	when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Camp Due by September 7, 2005 Trust Fund Co						\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIRE		11.		ļ	ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DIRECTORS	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ LAURA 304-C S W 12TH AVENUE MIAMI, FL 33130	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, YOLANDO 961 SW 3RD STREET 4 MIAMI, FL 33130	W 3RD STREET 4			Rob	☆ Change □ Addition PRIGUEZ, YOLANDA				
NAME STREET ADDRESS CITY-ST-ZIP	SD RAYA, ADA 300 SW 4 AVE 2 MIAMI, FL	☐ Delete		ľ				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, FERNANDO 128 NW 18TH AVENUE MIAMI, FL 33125	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	

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 another like empowered.

STEMBULE SUCCESSION OF PRINTED NAME OF FIGURING OFFICER OF DIRECTOR