

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005340	
1. Entity Name VECINOS EN ACCION, INC.	

Principal Place of Business 1210 SW 3RD STREET MIAMI, FL 33135 US	Mailing Address 1688 SW 22ND STREET MIAMI, FL 33130- US
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DO NOT WRITE IN THIS SPACE

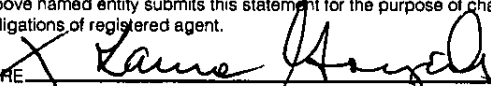


04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3223386	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, LAURA 304-C SW 12TH AVENUE MIAMI, FL 33130	DO NOT WRITE IN THIS SPACE
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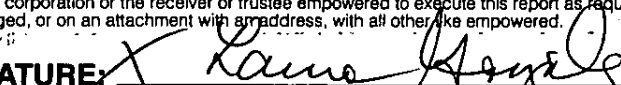
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ LAURA 304-C S W 12TH AVENUE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, YOLANDA 961 SW 3RD STREET 4 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYA, ADA 300 SW 4 AVE 2 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, FERNANDO 128 NW 18TH AVENUE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/27/08-80052-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	