

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90429 012 \*\*\*158.75

**DOCUMENT # P99000069945**

1. Entity Name  
**FAMILIES IN ACTION, INC.**



Principal Place of Business  
**1490 W 49 PLACE, SUITE 410  
HIALEAH, FL 33012**

Mailing Address  
**1490 W 49 PLACE, SUITE 410  
HIALEAH, FL 33012**

40000010



**DO NOT WRITE IN THIS SPACE**

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0939510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VIDAL, RAUL  
1490 W 49 PLACE, SUITE 410  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
GARCIA, JOSE  
1490 W 49 TERR #410  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
VIDAL, RAUL  
1490 W 49 TERR #410  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIAZ, ANGELA M  
1490 W 49 TERR #410  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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: *JOSE GARCIA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE GARCIA**

Date

Daytime Phone #

**4/6/06 (305) 827-3252**