2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# S51467

Entity Name: ACTION WEEKLY (SEMANARIO ACCION), INC.

Current Principal Place of Business:

917 HANSEN ST
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6726
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0273171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRIANA, MARIA
917 HANSEN ST
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TRIANA, MARIA C.
Address: 917 HANSEN ST
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: GOMEZ, DAYANELYS M
Address: 136 RILEY AVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: 2VP ( ) Change (X) Addition
Name: GOMEZ, DAYMARELIS
Address: P.O. BOX 6726
City-St-Zip: WEST PALM BEACH, FL 33405

Title: 3VP ( ) Change (X) Addition
Name: CUELLO, SILVIO
Address: 926 NORTH B ST
City-St-Zip: LAKE WORTH, FL 33460

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA TRIANA P 04/28/2009

Electronic Signature of Signing Officer or Director — Date