


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 528438 1. Entity Name HIALEAH INC.	
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Principal Place of Business 105 E. 21ST STREET HIALEAH, FL 33010 US	Mailing Address 105 E. 21ST STREET HIALEAH, FL 33010 US
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1723806	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNETTI, STEPHEN P
105 EAST 21ST STREET
HIALEAH, FL 33010

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000346916
04/30/05-80094-021 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BRUNETTI, JOHN J 105 EAST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRUNETTI, JOHN J., JR. 105 EAST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRUNETTI, STEPHEN P 105 EAST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOBER, MONROE 105 EAST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 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:  DATE: 4/28/05 DAYTIME PHONE #: 305-885-8000