


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

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 609310
 1. Entity Name
 HIALEAH PARK, INC.



Principal Place of Business Mailing Address
 105 E. 21ST STREET 105 E. 21ST STREET
 P.O. BOX 158, N/A P.O. BOX 158, N/A
 HIALEAH, FL 33010 US HIALEAH, FL 33010 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2016030 Not Applicable

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

5. Name and Address of Current Registered Agent
 BRUNETTI, STEPHEN P
 105 E. 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

U00000346896
 04/30/05-80094-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUNETTI, JOHN J.
STREET ADDRESS	105 E. 21ST STREET
CITY - ST - ZIP	HIALEAH, FL
TITLE	V
NAME	BRUNETTI, JOHN J., JR.
STREET ADDRESS	105 E 21ST ST.
CITY - ST - ZIP	HIALEAH, FL
TITLE	S
NAME	BRUNETTI, STEPHEN P
STREET ADDRESS	105 EAST 21ST STREET
CITY - ST - ZIP	HIALEAH, FL
TITLE	T
NAME	BOBER, MONROE
STREET ADDRESS	105 EAST 21ST STREET
CITY - ST - ZIP	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)(f), Florida Statutes. I further certify that if 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/05 305-8'
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime