


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # 609310

1. Entity Name
 HIALEAH PARK, INC.



Principal Place of Business
 2200 E. 4 AVENUE
 HIALEAH, FL 33010 US

Mailing Address
 PO BOX 158
 HIALEAH, FL 33011 US

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2016030	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 E. 21ST STREET
 HIALEAH, FL 33010

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

1000000865002
 04/07/08-80010-015 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUNETTI, JOHN J. 105 E. 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRUNETTI, JOHN J., JR. 105 E 21ST ST. 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	

DO NOT WRITE 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:  Stephen P Brunetti 3/17/08 305 885-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #