

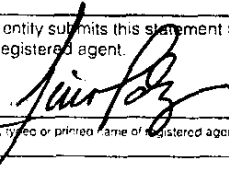
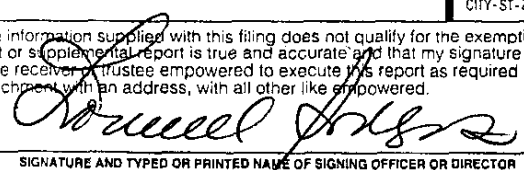
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Amended

FILED

04 NOV -8 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762202					
1. Entity Name HIALEAH COMMERCE PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1651 West 37 Street Hialeah, Fl. 33012			Mailing Address Unlimited Management Services, Inc. P.O. Box 440067 Miami, Fl. 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01222004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2402009				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75-Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name HERNANDEZ, Luis		
			Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8 Street, Suite 401		
			City Miami		
			FL Zip Code 33184		
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 11/01/04					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PRUNA, Laura ☐ Delete 2525 SW 3 Ave. Suite 205 Miami, Fl. 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042558400 11/08/04--01050--003 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D RODRIGUEZ, Ivon ☐ Delete 1651 West 37 Street, # 300 Hialeah, Fl. 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CARVAJAL, Stelia ☐ Delete 1651 West 37 Street, # 308 Hialeah, Fl. 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11: changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  10/23/04 (305) 553-9731					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day the Phone #					