2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90048 007 ****61.25

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1. Entity Name
HIALEAH COMMERCE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1651 W 37 ST HIALEAH, FL 33012 US	UNLIMITED MANAGEMENT SERVICES INC P.O. BOX 440067 MIAMI, FL 33144-0067 US

04092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

SIAM, PEREZ, FRANK
7001 SW 87 CT
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: UNLIMITED PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable): 7655 NW 50 ST
City: MIAMI FL Zip Code: 33166

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 _____ 4/19/07.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	VPD PRUNA, LAURA 7001 SW 87 CT MIAMI, FL 33173	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. PRUNA LAURA 7655 NW 50 ST MIAMI, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HECHAVARRIA # ~~ECHEVARRIA~~, MIGUEL 7001 SW 87 CT MIAMI, FL 33173	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. HECHAVARRIA # ~~ECHEVARRIA~~. MIGUEL 7655 NW 50ST MIAMI, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SALEM, MICHAEL 7001 SW 87 CT MIAMI, FL 33173	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SALEM MICHAEL 7655 NW 50ST MIAMI, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HECHEVARRIA, MIGUEL 7001 SW 87 CT MIAMI, FL 33173	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. IVONNE RODRIGUEZ 7655 NW 50ST MIAMI, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD SALEM, MICHAEL 7001 SW 87 CT MIAMI, FL 33173	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD OCHOA, JOSE F 7001 SW 87 CT MIAMI, FL 33173	☑ 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 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 617, 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: _____ 4/19/07 (305)5539731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #