


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S04479**  
 1. Entity Name  
**HIALEAH CAPITAL CORPORATION**



Principal Place of Business      Mailing Address  
**1800 SUNSET HARBOUR DRIVE # 2 MIAMI FL 33139**      **1800 SUNSET HARBOUR DRIVE # 2 MIAMI FL 33139**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**TOBIN, EDWARD L**  
**1800 SUNSET HARBOUR DRIVE #2 MIAMI FL 33139**

4. FEI Number **65-0266547**      Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARLTON, FREDRIC 1800 SUNSET HARBOUR DRIVE # 2 MIAMI FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000354240 05/03/05-80099-009 150.00
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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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **President**      4-27-05 (305) 532-2900  
 \_\_\_\_\_      Date      Daytime Phone #