


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H53556 1. Entity Name HIALEAH WEST COAST, INC.	
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Principal Place of Business 105 E. 21ST STREET P.O. BOX 158, N/A HIALEAH, FL 33010 US	Mailing Address 105 E. 21ST STREET P.O. BOX 158 HIALEAH, FL 33010 US
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2598711	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUNETTI, STEPHEN P 105 E 21 ST. HIALEAH, FL 33010
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000152359
05/04/04-80083-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUNETTI, JOHN J. 105 E 21ST ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRUNETTI, JOHN J., JR. 105 EAST 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRUNETTI, STEPHEN P. 105 E 21ST STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOBER, MONROE 105 E 21ST ST. 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 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

305 865-8000

Date

Daytime Phone #