

APR-25-2005 14:32

R.L. AZAN

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90549 049 ***150.00

DOCUMENT # P00000079174					
1. Entity Name HIALEAH HOME, INC. (A.L.F.)					
Principal Place of Business 71 W 30 ST HIALEAH, FL 33012			Mailing Address 71 W 30 ST HIALEAH, FL 33012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1042533				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEFINA, LLANES 71 W. 30TH STREET HIALEAH, FL 33012			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 _____ DATE _____ (Signatures, types or printed name of individuals must be signed and dated if applicable. NOTE: Registered Agent signature required since 10/03/03)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LLANES, JOSEFINA L 411 SW 136 CT MIAMI, FL 33184	☐ 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	
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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)(ii), Florida Statutes. I further certify that the information indicated on this report or submission 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 person or persons authorized to execute this report as required by Chapter 867, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a different name and address.					
SIGNATURE: x		JOSEFINA LLANES 5/23/05 (305) 778-3313			
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					