

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90367 046 ***158.75

DOCUMENT # H53556

1. Entity Name
HIALEAH WEST COAST, INC.



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

40050729



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2598711

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRUNETTI, STEPHEN P
105 E 21 ST.
HIALEAH, FL 33010

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUNETTI, JOHN J.
STREET ADDRESS	105 E 21ST ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	V
NAME	BRUNETTI, JOHN J., JR.
STREET ADDRESS	105 EAST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	S
NAME	BRUNETTI, STEPHEN P.
STREET ADDRESS	105 E 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	BOBER, MONROE
STREET ADDRESS	105 E 21ST ST.
CITY-ST-ZIP	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 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 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

Date

Daytime Phone #