

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90238 010 \*\*\*138.75

**DOCUMENT # L03000025339**

1. Entity Name  
**HIALEAH ENTERPRISE LLC**



Principal Place of Business  
**190 W28TH STREET  
HIALEAH, FL 33010**

Mailing Address  
**1055 NORTH EAST 125TH STREET  
NORTH MIAMI, FL 33161**

**60016791**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**10800 Biscayne Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 600**

01142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

**North Miami, FL**

4. FEI Number

**20-0080492**

Applied For

Not Applicable

Zip

Country

Zip

**33161**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHEAL I BERNSTEIN, P.A.  
1688 MERIDIAN AVE  
STE 418  
MIAMI BEACH, FL 33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HIALEAH ENTERPRISE LLC  
190 W 28TH STREET  
HIALEAH, FL 33010** ☐ 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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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Annie Maresca Annie Maresca**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/15/08**

Date

**305-981-8686**

Daytime Phone #