

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 254004

1. Entity Name
HIALEAH RANGE AND GUN SHOP INC



Principal Place of Business
 1040 EAST 49 STREET
 HIALEAH, FL 33013

Mailing Address
 1040 EAST 49 STREET
 HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0941279 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JULIA KEMIVES
18000 NW 2 AVE
MIAMI, FL 33169

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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 NAME STREET ADDRESS CITY - ST - ZIP	VP TOROK, PIROSKA 7830 NW 163 STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOROK, LAJOS 7830 NW 163 ST. MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOROK, PIROSKA 7830 NW 163 ST. MIAMI, FL 33016
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11/17/06 1386546
 01/19/06-80004-002 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Jan. 13-06
 Date Daytime Phone #