

**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

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>TOROK, PIROSKA<br>7830 NW 163 STREET<br>MIAMI LAKES, FL 33016 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>TOROK, LAJOS<br>7830 NW 163 ST.<br>MIAMI, FL 33016             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>TOROK, PIROSKA<br>7830 NW 163 ST.<br>MIAMI, FL 33016           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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 #