## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 430329  1. Entity Name HIALEAH GRANDSTAND CO., INC.	Secretary of Stat
Principal Place of Businoss Mailing Address 260 W 27TH STR 1661 W. 2ND AVE. HIALEAH, FL 33010 US HIALEAH, FL 33010 US	T THE RIT BLEEDY HITH BANKE HATH WALL THAT BURNE GRANT GRANT GRANT GRANT GRANT AND A GRANT AND
DO NOT WRITE IN THIS SPA	O4142005 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent RISPOLL, GABE 1661 W 2ND AVE HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE
3. 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	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  Quantity (NOTE Registered Agent signature required when reinstating)  Quantity (NOTE Registered Agent signature required when reinstating)  DATE  1. Control of the state of the signature required when reinstating)  After May 1, 2005 Fee will be \$550.00  Trust Fund Control of the signature required when reinstating)  Added to Fees	
10. OFFICERS AND DIRECTORS	
TIME PD	
NAME RISPOLI, GABE STREET ADDRESS 1661 W 2 AVE	
CITY ST-ZIP HIALEAH, FL	U00000357397 05/04/05-80071-013 150.00
TITLE ST  NAME RISPOLI, ANNETTE  STREET ADDRESS 1661 W 2 AVE  CITY-ST-ZIT HIALEAM, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE:  SIGNATURE The Structure of the signature of the signature of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information in Section 119.07(3)(iii) indicated in Section 119.07	

305-888-3902