


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 430329</b>					
1. Entity Name HIALEAH GRANDSTAND CO., INC.					
Principal Place of Business 260 W 27TH STR HIALEAH, FL 33010 US		Mailing Address 1661 W. 2ND AVE. HIALEAH, FL 33010 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1564601</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RISPOLI, GABE 1661 W 2ND AVE HIALEAH, FL 33010			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RISPOLI, GABE		NAME		
STREET ADDRESS	1661 W 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RISPOLI, ANNETTE		NAME		
STREET ADDRESS	1661 W 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____		APR 28 2006		Daytime Phone # _____	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



04252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1564601 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: RISPOLI, GABE, 1661 W 2ND AVE, HIALEAH, FL 33010

7. Name and Address of New Registered Agent: Name, Street Address, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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NAME	RISPOLI, GABE		NAME		
STREET ADDRESS	1661 W 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RISPOLI, ANNETTE		NAME		
STREET ADDRESS	1661 W 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
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SIGNATURE: \_\_\_\_\_ APR 28 2006 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 794 0081