


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 528438**  
1. Entity Name  
**HIALEAH INC.**



Principal Place of Business      Mailing Address  
**105 E. 21ST STREET**      **105 E. 21ST STREET**  
**HIALEAH, FL 33010 US**      **HIALEAH, FL 33010 US**

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1723806**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRUNETTI, STEPHEN P**  
**105 EAST 21ST STREET**  
**HIALEAH, FL 33010**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000152360  
05/04/04-80083-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BRUNETTI, JOHN J
STREET ADDRESS	105 EAST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	PD
NAME	BRUNETTI, JOHN J., JR.
STREET ADDRESS	105 EAST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	S
NAME	BRUNETTI, STEPHEN P
STREET ADDRESS	105 EAST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	BOBER, MONROE
STREET ADDRESS	105 EAST 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]*      **4/30/04**      **305 885-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #