## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #609310**

1. Entity Name HIALEAH PARK, INC.



Principal Place of Business

105 E. 21ST STREET
P.O. BOX 158, N/A
HIALEAH, FL 33010 US

Mailing Address

105 E. 21ST STREET P.O. BOX 158, N/A HIALEAH, FL 33010

US

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90367 042 \*\*\*158.75



03242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2016030

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNETTI, STEPHEN P 105 E. 21ST STREET HIALEAH, FL 33010

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	named entity submits this statement for the pui ions of registered agent	rpose of changing its req	gistered offic	ce or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed hame of registered agent and title if	applicable. (NQTE: Re	egistered Agent	signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign     Trust Fund Contribut			\$5.00 May Be Added to Fees	
10.	0. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P , ' BRUNETTI, JOHN J. 105 E. 21ST STREET HIALEAH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNETTI, JOHN J., JR. 105 E 21ST ST. HIALEAH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNETTI, STEPHEN P 105 EAST 21ST STREET HIALEAH, FL				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP	T BOBER, MONROE 105 EAST 21ST STREET HIALEAH, FL				IN .	THIS SPACE
TITLE NAME						

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 an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

719/0( Date

Daytime Phone #