

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 761856

1. Entity Name
HIALEAH-DADE DEVELOPMENT, INC.



Principal Place of Business

**501 PALM AVENUE
HIALEAH, FL 33010**

Mailing Address

**501 PALM AVENUE
HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2199599

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, VINCENT J
501 PALM AVENUE
HIALEAH, FL 33010**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
LOPEZ, VINCENT J
501 PALM AVE
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
USATEGUI, RAMON
501 PALM AVE.
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GAVALDA, TERESA
501 PALM AVENUE
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOLEDO, MARTHA
501 PALM AVENUE
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
RODRIGUEZ, SOE
501 PALM AVENUE
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CASTELLANOS, PETER
501 PALM AVENUE
HIALEAH, FL**

000000094127
01/25/05-80087-018 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05

Date

305-884-1019

Daytime Phone #