

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 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
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

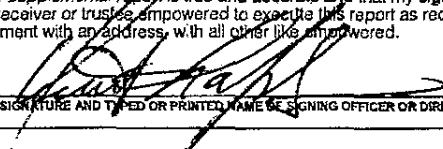
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD LOPEZ, VINCENT J 501 PALM AVE HIALEAH, FL
TITLE NAME 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

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02/06/06-80032-010 70.110

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IN THIS SPACE**

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 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 information.

SIGNATURE:  **1-12-06 305 884-1219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #