

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761856

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** HIALEAH-DADE DEVELOPMENT, INC.

**Current Principal Place of Business:**

501 PALM AVENUE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

501 PALM AVENUE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 59-2199599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOLEDO, MARTHA  
501 PALM AVENUE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: TOLEDO, MARTHA  
Address: 501 PALM AVE  
City-St-Zip: HIALEAH, FL 33010

Title: VC  
Name: PEREZ, JOSE A  
Address: 501 PALM AVE  
City-St-Zip: HIALEAH, FL 33010

Title: VSD  
Name: ADROVER, BERNARD  
Address: 501 PALM AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: SD  
Name: RENTAS, ANGEL  
Address: 501 PALM AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: CP  
Name: ROBLES, ELISA  
Address: 501 PALM AVENUE  
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ELISA ROBLES

CP

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date