## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F55753

1. Entity Name

HIALEAH DYEING AND FINISHING, INC. 

Principal Place of Business

Mailing Address

2275 E. 11TH AVENUE HIALEAH, FL 33013

2275 E. 11TH AVENUE HIALEAH, FL 33013

FILED Mar 24, 2004 8:00 am **Secretary of State** 

03-24-2004 90024 027 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2139168

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CANALS, JORGE 2275 EAST 11TH AVENUE HIALEAH, FL 33013

## DO NOT WRITE IN THIS SPACE

|  |   |   |                 |                                |                |                         | •                      |
|--|---|---|-----------------|--------------------------------|----------------|-------------------------|------------------------|
| 8. The above the obligat                       | named entity submits this statement for the pons of registered agent. | purpose of changing its registere   | ed office or re | egistered agent, or bot        | h, in the Stat | e of Florida. I am fami | iliar with, and accept |
| SIGNATURE_                                     |   |   |                 |                                |                |                         |                        |
|  | Signature, typed or printed name of registered agent and title        | if applicable. (NOTE: Registered  | Agent signature | required when reinstating)     | •              | . DATE                  | t                      |
| FiL<br>After Ma                                | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00           | 9. Election Campaign Finan 1. Trust Fund Contribution. 2. Trust Fund Contribution. 3. Trust Fund Contribution. 4. | cing            | \$5.00 May Be<br>Added to Fees |                |                         |                        |
| 10.  | OFFICERS AND DIRE   | CTORS '   |                 | ·····                          |                | •                       |                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ST<br>CANALS, MATILDE<br>2175 E 11TH AVE<br>HIALEAH, FL 33016         |   |                 |                                |                |                         |                        |
| ()TLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CANALS, JORGE I<br>2175 E 11TH AVE<br>HIALEAH, FL 33013         | **:   |                 |                                |                |                         |                        |
| TITLE " NAME STREET ADDRESS -CITY-ST-ZIP       | ,   | •   | e i est,        | DO                             | NOT            | WRITE                   | e er bet               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |                 | IN T                           | ГНІЅ           | SPACE                   |                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |                 |                                | ,              |                         |                        |
| TMIE   |   | _   |                 |                                |                |                         |                        |

12. I hereby certify that the information supplied with this filling 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 rustee 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 *6*36-0155

Daytime Phone 4