2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # H53556

1. Entity Name

HIALEAH WEST COAST, INC.



FILED Mar 20, 2008 08:00 A Secretary of State

Principal Place of Business

105 E. 21ST STREET HIALEAH, FL 33010

TREET 3010 US Mailing Address

105 E. 21ST STREET P.O. BOX 158

HIALEAH, FL 33010

US



01282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2598711

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				pent signature required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	• <sub>□</sub>	<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLI NAMS STREET ADDRESS CITY-ST-ZIP	P BRUNETTI, JOHN J. 105 E 21ST ST. HIALEAH, FL		04/07/08-80010-017 158.75  DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNETTI, JOHN J., JR. 105 EAST 21ST STREET HIALEAH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNETTI, STEPHEN P. 105 E 21ST STREET HIALEAH, FL				
TITLE NAME STREST ADDRESS CITY - ST - ZIP	T BOBER, MONROE 105 E 21ST ST. HIALEAH, FL		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST-ZIP					
TITLE NAME STREET ADDRESS	0				

12. Thereby certify that the information subblied 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 true the empendence 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 accuracy.

**SIGNATURE:** 

CITY ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #