

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # J17360** 

1. Entity Name HIALEAH SERVICES, INC.



Principal Place of Business

105 E. 21ST STREET HIALEAH, FL 32010 US

Mailing Address

POST OFFICE BOX 158 HIALEAH, FL 33011 US

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90367 045 \*\*\*158.75

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2814032

Applied For Not Applicable

5. Certificate of Status Desired

X'

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNETTI, STEPHEN A 105 E. 21ST STREET HIALEAH, FL 33010

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the obligat	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registered offi	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				gent eignature required when reinstating)  DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNETTI, JOHN J. 105 E. 21ST STREET HIALEAH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNETTI, JOHN J., JR. 105 E. 21ST STREET HIALEAH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNETTI, STEPHEN P 105 E 21ST STREET HIALEAH, FL		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOBER, MONROE 105 E 21ST STREET HIALEAH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 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 etter like empowered.

**SIGNATURE:** 

TITLE

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRE

Date

Daytime Phone #