

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90367 045 ***158.75

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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

4000000000



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2814032

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUNETTI, JOHN J.
STREET ADDRESS	105 E. 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	V
NAME	BRUNETTI, JOHN J., JR.
STREET ADDRESS	105 E. 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	S
NAME	BRUNETTI, STEPHEN P
STREET ADDRESS	105 E 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	BOBER, MONROE
STREET ADDRESS	105 E 21ST STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/06