

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90324 027 \*\*\*\*50.00

**DOCUMENT # L05000119687**

1. Entity Name

HIALEAH WEST INVESTMENTS, LLC



Principal Place of Business

11501 SW 40 STREET  
2ND FLOOR  
MIAMI, FL 33165

Mailing Address

11501 SW 40 STREET  
2ND FLOOR  
MIAMI, FL 33165

60046998



04242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

06-1764967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAURY, ALBERT R  
11501 SW 40 STREET  
2ND FLOOR  
MIAMI, FL 33165

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HIALEAH WEST INVESTMENTS, INC.  
STREET ADDRESS 11501 SW 40 STREET 2ND FLOOR  
CITY-ST-ZIP MIAMI, FL 33165

TITLE C  
NAME Leon, Benjamin Jr.  
STREET ADDRESS 11501 SW 40 St.  
CITY-ST-ZIP Miami, FL 33165

TITLE P  
NAME Leon, Benjamin III  
STREET ADDRESS 11501 SW 40 St  
CITY-ST-ZIP Miami, FL 33165

TITLE V  
NAME Maury, Albert  
STREET ADDRESS 11501 SW 40 St.  
CITY-ST-ZIP Miami, FL 33165

TITLE S  
NAME Leon, Lourdes  
STREET ADDRESS 11501 SW 40 St  
CITY-ST-ZIP Miami, FL 33165

TITLE T  
NAME Leon, Silvia  
STREET ADDRESS 11501 SW 40 St.  
CITY-ST-ZIP Miami FL 33165

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-07

Date

305-642-5366

Daytime Phone #