2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT #M15793

1. Entity Name
HIALEAH PLATING SHOP INC.

Principal Place of Business	Mailing Address
1640 WEST 33 PLACE HIALEAH, FL 33012	1640 WEST 33 PLACE HIALEAH, FL 33012

04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2537677
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, MIRTHA
525 WEST 40 PLACE
HIALEAH, FL 33012

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000545336
05/11/06-80063-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NARANJO, ROMULO
STREET ADDRESS	3612 E 6TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	P
NAME	HERNANDEZ, MIRTHA
STREET ADDRESS	525 WEST 40 PLACE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	S
NAME	HERNANDEZ, JOSE A
STREET ADDRESS	5390 E. 4TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 330136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4/27/06 (305)557-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #