

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004258

1. Entity Name
HIALEAH CONCERNED FAMILIES, CORP.



Principal Place of Business

**7840 WEST 4TH LANE
HIALEAH, FL 33014**

Mailing Address

**7840 WEST 4TH LANE
HIALEAH, FL 33014**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0353821

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, ALBERTO
7840 WEST 4TH LANE
HIALEAH, FL 33014**

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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 \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ, ALBERTO
STREET ADDRESS 7840 WEST 4TH LANE
CITY-ST-ZIP HIALEAH, FL 33014

TITLE VD
NAME GARCIA, BERNARDO
STREET ADDRESS 3881 EAST 8TH COURT
CITY-ST-ZIP HIALEAH, FL 33014

TITLE SD
NAME DEL CASTILLO, EMMA C
STREET ADDRESS 7786 W. 18 COURT
CITY-ST-ZIP HIALEAH, FL 33018

TITLE TD
NAME DIAZ, IVETTE
STREET ADDRESS 7840 WEST 4TH LANE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE VTD
NAME DIAZ, LETICIA
STREET ADDRESS 60 EAST 42ND STREET
CITY-ST-ZIP HIALEAH, FL 33013

TITLE D
NAME HERNANDEZ, DANIEL
STREET ADDRESS 5855 WEST 3RD LANE
CITY-ST-ZIP HIALEAH, FL 33012

U00000360473
05/05/05-80035-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 #