



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000008091</b> 1. Entity Name HIALEAH GARDENS INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12901 N OKEECHOBEE RD #F11 HIALEAH GARDENS, FL 33018	Mailing Address NANCY FONT 4110 W 19TH AVE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

	
04292006 No Chg-NP	CR2E037 (4/06)
4. FEI Number 02-0549835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

FONT, NANCY 4110 W 19TH AVE HIALEAH, FL 33012
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

U00000564146  
 05/20/06-80048-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FONT, NANCY
STREET ADDRESS	4110 W 19TH AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	DV
NAME	DE HOYOS, BENJAMIN
STREET ADDRESS	12901 N OKEECHOBEE RD #F8
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	DS
NAME	SANTORSOLA, ROCCO C
STREET ADDRESS	12937 N OKEECHOBEE RD #D2
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
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 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: 5/1/06 Daytime Phone #: 786-247-4108