2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000001001

Oct 27, 2009
Secretary of State

Entity Name: HIALEAH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

P.O. BOX 160718 HIALEAH, FL 33016

FEI Number: 02-0570544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KABA & ASSOCIATES, P.A. 1840 WEST 49 ST SUITE 235 HIALEAH, FL 33012 US

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.

SIGNATURE:

Flateria Circulus of Business I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 VANEGAS, ERNESTO
 Name:
 FUSTE, JULIO

 Address:
 2565 W. 56 STREET
 Address:
 2565 W. 56 STREET

 Address:
 2565 W. 56 STREET
 Address:
 2565 W. 56 STREET

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 HIALEAH, FL 33016

Title: VP () Delete Title: VP (X) Change () Addition Name: FERNANDEZ, IRENE Name: MARENCO, GERAL

 Name:
 FERNANDEZ, IRENE
 Name:
 MARCINCO, GERAL

 Address:
 2565 W. 56 STREET
 Address:
 2565 W. 56 STREET

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 HIALEAH, FL 33016

Title: T () Delete Title: () Change () Addition

 Name:
 HORENCO, DORA
 Name:

 Address:
 2565 W. 56 STREET
 Address:

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 YANES, CARLOS
 Name:
 VANEGAS, MARCOS R

 Address:
 2565 W. 56 STREET
 Address:
 2565 W. 56 STREET

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO FUSTE P 10/27/2009