2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005842

FILED Apr 11, 2006 Secretary of State

Entity Name: FRIENDS OF THE HIALEAH PUBLIC LIBRARIES, INC.

Current Principal Place of Business: New Principal Place of Business: 190 W 49TH ST HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 190 W 49TH ST HIALEAH, FL 33012 FEI Number: 32-0119892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, DIANE 190 W 49TH ST 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ALLARD, FRANKLIN E GONZALEZ, FRANCISCO Name: Name: 24111 W. 52ND PLACE Address: 891 W. 77TH ST. Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: HIALEAH, FL 33012 Title: () Delete Title: () Change () Addition WINGETT, MARY Name: Name: Address: 6510 W. 5TH PLACE Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: () Change () Addition MILLSTONE, JONI Name: Name: Address: 18707 NE 14TH AV Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: (X) Change () Addition Title: () Delete Title: GONZALEZ, MAIRELYS ALDANA, CLARA Name: Name: 7532 NW 176TH TERRACE Address: 2509 W. 71ST PLACE Address: City-St-Zip: HIALEAH,, FL 33016 City-St-Zip: MIAMI, FL 33015 Title: () Delete Title: () Change () Addition RABASSA, LUIS Name: Name: 1820 W. 46TH ST. #507 Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: (X) Change () Addition PEREZ, ORESTES A GONZALEZ, MARIA DEL CARM Name: Name: Address: PO BOX 453402 Address: 891 W. 77TH ST.

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

HIALEAH, FL 33012

SIGNATURE: FRANCISCO GONZALEZ P 04/11/2006

MIAMI, FL 33245

City-St-Zip: