2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000009265

FILED Jul 12, <u>2</u>005 Secretary of State

Entity Name: HIALEAH TECHNOLOGY CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 601 WEST 20TH STREET HIALEAH, FL 33010 **Current Mailing Address: New Mailing Address:** 601 WEST 20TH STREET HIALEAH, FL 33010 FEI Number: 77-0647736 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: GRODNICK, WILLIAM M 501 PALM AVE 4TH FLOOR HIALEAH, FL 33010 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: PST (X) Change () Addition () Delete HORSLEY, ERNEST OZDAMAR, OZCAN MR. Name: Name: 14160 PALMETTO FRONTAGE ROAD SUITE 22 Address: 6261 SW 88 COURT Address: MIAMI, FL 33176 City-St-Zip: MIAMI LAKES, FL 330161506 City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: VARA, ADALBERTO MR. Address: Address: 8131 LOS PINOS BLVD. City-St-Zip: City-St-Zip: CORAL GABLES, FL 33143 Title: () Delete Title: () Change (X) Addition MISKIEL, EDWARD MR. Name: Name: **5841 SW 51 TERRACE** Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33155 Title: () Delete Title: () Change (X) Addition Name: Name: BEIER, JOHN CMR. 8441 SW 106 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OZCAN OZDAMAR MR. 07/12/2005