

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009265

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: HIALEAH TECHNOLOGY CENTER, INC.

**Current Principal Place of Business:**

601 WEST 20TH STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

601 WEST 20TH STREET  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 77-0647736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRODNICK, WILLIAM M  
501 PALM AVE 4TH FLOOR  
HIALEAH, FL 33010 US

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

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:**

Title: P ( ) Delete  
Name: OZDAMAR, OZCAN MR.  
Address: 6261 SW 88 COURT  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: VARA, ADALBERTO MR.  
Address: 8131 LOS PINOS BLVD.  
City-St-Zip: CORAL GABLES, FL 33143

Title: T ( ) Delete  
Name: MISKIEL, EDWARD MR.  
Address: 5841 SW 51 TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete  
Name: BEIER, JOHN C MR.  
Address: 8441 SW 106 STREET  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: OZCAN OZDAMAR

DR.

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date