

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009265

FILED  
Apr 16, 2008  
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: BOX, WILLIAM MR.  
Address: 8324 NW 74TH AVENUE  
City-St-Zip: MIAMI, FL 33166

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

Title: S ( ) Delete  
Name: PINCHUK, LEONARD DR.  
Address: 12415 SW 136TH AVENUE, UNIT 3  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOX, WILLIAM MR.  
Address: 8324 NW 74TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change ( ) Addition  
Name: BEIER, JOHN DR.  
Address: 12500 SW 152ND STREET, BLDG. B  
City-St-Zip: MIAMI, FL 33177

Title: T (X) Change ( ) Addition  
Name: VARA, ALBERT MR.  
Address: 9475 NW 89TH AVENUE  
City-St-Zip: MIAMI, FL 33178

Title: S (X) Change ( ) Addition  
Name: MISKIEL, EDWARD DR.  
Address: 7356 SW 48TH STREET  
City-St-Zip: MIAMI, FL 33155

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: WILLIAM BOX

MR.

04/16/2008

Electronic Signature of Signing Officer or Director

Date