


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90092 018 \*\*\*\*61.25

**DOCUMENT # N05000010813**

1. Entity Name  
**HIALEAH SHOPPING CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**8700 WEST FLAGLER STREET SUITE 160**      **8700 WEST FLAGLER STREET SUITE 160**  
**MIAMI, FL 33174**      **MIAMI, FL 33174**

**DO NOT WRITE IN THIS SPACE**

**40002909**



01032007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>20-3663140</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J**  
**7951 S.W. 40TH STREET SUITE 206**  
**MIAMI, FL 33155**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAGO, JULIO 8700 WEST FLAGLER STREET SUITE 160 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CECCHINI, ANTHONY R 8700 WEST FLAGLER STREET SUITE 160 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RODRIGUEZ, <del>ALDO</del> <sup>JULIO</sup> 8700 WEST FLAGLER STREET SUITE 160 MIAMI, FL 33174
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

**SIGNATURE:** *[Signature]*      Date 1/12/07      Daytime Phone # 305 261 6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR