

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002936

FILED  
Feb 27, 2011  
Secretary of State

**Entity Name:** HIALEAH HIGH 1984 REUNION COMMITTEE, INC.

**Current Principal Place of Business:**

8855 NW 176 ST.  
MIAMI, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

8855 NW 176 ST.  
MIAMI, FL 33018

**New Mailing Address:**

**FEI Number:** 26-4450296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CENTURION, AIMEL G  
8855 NW 176 ST.  
MIAMI, FL 33018 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: D  
Name: MARTIN, JOETTA S  
Address: 6972 NW 179 ST., #102  
City-St-Zip: MIAMI, FL 33015

Title: D  
Name: FARIAS, VIVIAN  
Address: 3355 W. 68TH ST., #174  
City-St-Zip: HIALEAH, FL 33018

Title: D  
Name: FIGUEROA, ANABEL  
Address: 28501 SW 152ND AVE., #172  
City-St-Zip: HOMESTEAD, FL 33033

Title: D  
Name: CENTURION, AIMEL  
Address: 8855 NW 176 ST.  
City-St-Zip: MIAMI, FL 33018

Title: D  
Name: IZQUIERDO, CARLOS  
Address: 1920 SW 124 WAY  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: CANO, MARK  
Address: 11843 BRIER PATCH CT.  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: AIMEL G. CENTURION

D

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date