


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13712</b> 1. Entity Name <b>HIALEAH ATHLETIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 28276 HIALEAH FL 33022 US</b>			Mailing Address <b>P.O. BOX 28276 HIALEAH FL 33022 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TALAMO, JAVIER ESQ. 7600 W. 20TH AVE., #213 HIALEAH FL 33016</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>		
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>DAVALOS, REYNIER</b>		NAME		
STREET ADDRESS	<b>6433 W 8 AVENUE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>ROMERO, ALBERTO</b>		NAME		
STREET ADDRESS	<b>7242 W 29 WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>		CITY-ST-ZIP		
TITLE	<b>TD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>PEREZ, TANIA</b>		NAME		
STREET ADDRESS	<b>815 WEST 72ND PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>PEREZ, HIRAM</b>		NAME		
STREET ADDRESS	<b>815 WEST 72ND PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>		CITY-ST-ZIP		
TITLE	<b>SD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>GONZALEZ, GEORGE</b>		NAME		
STREET ADDRESS	<b>174 EAST 45 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Tania Perez</i> TANIA PEREZ</b>			<b>3-09-05 (305)55658.</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0198860** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City **FL** Zip Code

U00000263186  
03/14/05-80084-024 61.25