



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90022 006 ****70.00

DOCUMENT # N44631 1. Entity Name HIALEAH-DADE CAPITAL, INC.					
Principal Place of Business 501 PALM AVE HIALEAH, FL 33010			Mailing Address 501 PALM AVE HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box # <u>501 Palm Ave</u>		3. Mailing Address <u>501 Palm Ave</u>		 01282008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Hialeah FL</u>		City & State <u>Hialeah FL</u>			
Zip <u>33010</u>		Country <u>MIAMI-DADE</u>		4. FEI Number <u>65-0356971</u>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAVALDA, TERESA 501 PALM AVE HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name <u>Teresa Gavalda</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 Palm Ave</u> City <u>Hialeah</u> <u>FL</u> Zip Code <u>33010</u>		
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 <u>Teresa Gavalda Secretary</u> <u>2/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD USATEGUI, RAMON 501 PALM AVE. HIALEAH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVALDA, TERESA 501 PALM AVENUE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVALDA, TERESA 501 PALM AVENUE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVALDA, TERESA 501 PALM AVENUE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVALDA, TERESA 501 PALM AVENUE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVALDA, TERESA 501 PALM AVENUE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVALDA, TERESA 501 PALM AVENUE HIALEAH, FL 33010	<input type="checkbox"/> Delete			
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 an address, with all other like empowered.					
SIGNATURE: <u>Teresa Gavalda</u> <u>2/1/08</u> <u>705/884-1219</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					