2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N44631

Entity Name: HIALEAH-DADE CAPITAL, INC.

Current Principal Place of Business:

501 PALM AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

501 PALM AVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0356971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAVALDA, TERESA
501 PALM AVE
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: SD ( ) Delete
Name: GAVALDA, TERESA
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GAVALDA, TERESA
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: CD ( ) Change (X) Addition
Name: ADROVER, BERNARD
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: VCD ( ) Change (X) Addition
Name: ROBLES, ELISA
Address: 501 PALM AVE
City-St-Zip: HIALEAH, FL 33010

Title: SD ( ) Change (X) Addition
Name: TOLEDO, MARTHA
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: TD ( ) Change (X) Addition
Name: PEREZ, JOSE A
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Change (X) Addition
Name: RENTAS, ANGEL
Address: 501 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

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: TERESA GAVALDA D 02/12/2009

Electronic Signature of Signing Officer or Director — Date