

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90453 033 ***150.00

DOCUMENT # P01000039625

1. Entity Name
HIALEAH HURRICANES, INC.



Principal Place of Business
**8320 NORTHWEST 103RD STREET
SUITE 206
HIALEAH GARDENS, FL 33016**

Mailing Address
**8320 NORTHWEST 103RD STREET
SUITE 206
HIALEAH GARDENS, FL 33016**

60031741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1097489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATISTA, ORLANDO I
8320 NORTHWEST 103RD STREET
SUITE 206
HIALEAH GARDENS, FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature of Orlando I. Batista]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **BATISTA, ORLANDO I**
STREET ADDRESS **8320 NORTHWEST 103RD STREET SUITE 206**
CITY - ST - ZIP **HIALEAH GARDENS, FL 33016**

TITLE SD ☐ Delete
NAME **PEREZ, NELSY A**
STREET ADDRESS **8320 NORTHWEST 103RD STREET SUITE 206**
CITY - ST - ZIP **HIALEAH GARDENS, FL 33016**

TITLE VT ☐ Delete
NAME **BATISTA, ROBERT**
STREET ADDRESS **8320 NORTHWEST 103RD STREET SUITE 206**
CITY - ST - ZIP **HIALEAH GARDENS, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 607, 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:

[Signature of Orlando I. Batista]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

305-456-6281

Daytime Phone #