

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 046 ***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**

40009273



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name **ROBERT BATISTA**

Street Address (P.O. Box Number is Not Acceptable)
8320 NW 103 St #206

City **HIALEAH GARDENS**

FL

Zip Code
33016

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, typed or printed name of registered agent on 1/20/08

(NOTE: Registered Agent signature required when reinstating)

DATE

01/20/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☐ Addition
NAME **ROBERT BATISTA**
STREET ADDRESS **8320 NW 103 St #206**
CITY-STATE-ZIP **HIALEAH GARDENS, FL 33016**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 307, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/08

Date

786-488-4246

Daytime Phone #