


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90392 035 ***150.00

DOCUMENT # P05000140833

1. Entity Name
THE REAL ESTATE ACADEMY OF HIALEAH CORP.



40075340



Principal Place of Business
~~1800 W 49TH STREET
 121
 HIALEAH, FL 33012~~

Mailing Address
~~1380 W 69TH STREET
 HIALEAH, FL 33014~~

2. Principal Place of Business
2083 W 76 ST

3. Mailing Address
2083 W 76 ST

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
HIALEAH FL

Zip
33016 Country **USA**

Zip
33016 Country **USA**

4. FEI Number
20-3641216

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BALMASEDA, ADELA
 1380 W 69 STREET
 HIALEAH, FL 33014**

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: *A. Balmaseda* **ADELA BALMASEDA - PRESIDENT** **4/21/06**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALMASEDA, ADELA 1380 W 69 STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *A. Balmaseda* **ADELA BALMASEDA** **4/21/06** **305-362-7212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #