


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-13-2008 90030 005 ***150.00

DOCUMENT # P06000134137	
1. Entity Name HIALEAH MIAMI LAKES HOUSE OF FADES, CORP.	

Principal Place of Business 8275 W 12 AVE 107 HIALEAH, FL 33014	Mailing Address 1513 NW 159 LANE PEMBROKE PINES, FL 33028
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2. Principal Place of Business - No P.O. Box # 8275 W 12 AVE	3. Mailing Address 1513 NW 159 Lane
Suite, Apt. #, etc. 107	Suite, Apt. #, etc.
City & State Hialeah FL	City & State Pembroke Pines
Zip 33014	Country U.S.
Zip 33028	Country FL

40024296



01292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5765987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIAS, ALEJANDRO 8275 W 12 AVE SUITE 107 HIALEAH, FL 33014	7. Name and Address of New Registered Agent Name Alejandro Arias Street Address (P.O. Box Number is Not Acceptable) 8275 W 12 AVE Suite 107 City Hialeah FL Zip Code 33014
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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 *Alejandro Arias* DATE 2/4/08

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election, Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.VP ARIAS, ALEJANDRO 8275 W 12TH AVE SUITE 107 MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORA, VIRGINIA P 1513 NW 159 LANE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alejandro Arias* DATE 2/4/08 (786) 663-8916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR