


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P94000067421<br>1. Entity Name<br>56 HIALEAH, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>600 PALM AVE.<br>STE A<br>HIALEAH, FL 33010 US | Mailing Address<br>6921 LOCHNESS DR<br>MIAMI LAKES, FL 33014 |
|---|--|



04122006 No Chg-P CR2E034 (11/05)

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|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>65-0567023  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>MACHADO, LUIS<br>600 PALM AVENUE<br>SUITE A<br>HIALEAH, FL 33010 |
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IN THIS SPACE**

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 \_\_\_\_\_ (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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ROBAINA, JULIO<br>600 PALM AVE. STE A<br>HIALEAH, FL 33010 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MACHADO, LUIS<br>600 PALM AVE. STE A<br>HIALEAH, FL 33010  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>GIL, JOSE R<br>6921 LOCHNESS DR<br>MIAMI LAKES, FL 33014   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>GIL, GEORGE R<br>6921 LOCHNESS DR<br>MIAMI LAKES, FL 33014 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

000000513902  
04/29/06-80147-021 158.75

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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: XQm R Jose R. Gil 04/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #