


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000067421</b>	
1. Entity Name 56 HIALEAH, INC.	

Principal Place of Business 600 PALM AVE. STE A HIALEAH, FL 33010 US	Mailing Address 6921 LOCHNESS DR MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0567023	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MACHADO, LUIS 600 PALM AVENUE SUITE A HIALEAH, FL 33010
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBAINA, JULIO 600 PALM AVE. STE A HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACHADO, LUIS 600 PALM AVE. STE A HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIL, JOSE R 6921 LOCHNESS DR MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIL, GEORGE R 6921 LOCHNESS DR MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80022-020 158.75

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: <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>	Date <i>01/25/07</i>	Daytime Phone # _____
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