2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 A
Secretary of State

DOCUMENT # P94000067421

1. Entity Name
56 HIALEAH, INC.

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

01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0567023

☐ Applied For
☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/08/08-80076-006 158.75

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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: X JOSE R. GIL 01/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #