## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000006782

Title:

Name:

Address:

City-St-Zip:

FILED Jan 13, 2006 Secretary of State

Entity Nam	ne: HIALEAH	H PROPERTIES, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
7760 S.W. 7 MIAMI, FL 3	125 TERRAC 33156	CE				
Current Mailing Address:			New Maili	New Mailing Address:		
7760 S.W. 7 MIAMI, FL 3	125 TERRAC 33156	CE				
FEI Number:	65-0554291	FEI Number Applied For ( )	FEI Number Not App	plicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
JONES, SHARON S 25400 SW 139 AVE HOMESTEAD, FL 33032 US			6401 GAĹI 203	BROWN, GARY L 6401 GALLOWAY ROAD 203 MIAMI, FL 33173 US		
The above in the State		submits this statement for the p	urpose of changing	its registered office or registered agent, or both,		
SIGNATURE: GARY L. BROWN				01/13/2006		
Election Cam		nic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (X LIEBMAN, J. E 7760 S.W. 129 MIAMI, FL 33	5 TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( LIEBMAN, NA <sup>-</sup> 7760 S.W. 129 MIAMI, FL 33	5 TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	P ( LIEBMAN, DAV 7760 SW 125 MAIMI, FL		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition LIEBMAN, NATALIE 7760 SW 125 TERRACE MAIMI, FL		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NATALIE LIEBMAN D 01/13/2006

() Delete

LIEBMAN, NATALIE

MAIMI, FL

7760 SW 125 TERRACE

() Change () Addition