2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 AN Secretary of State **DOCUMENT # P95000080598** 1. Entity Name HIALEAH ASSETS, INC. Principal Place of Business Mailing Address 17401 BRIDLE WAY TRAIL PO BOX 370666 BOCA RATON, FL 33496 MIAMI, FL 33137 No Chg-P CR2E034 (11/05) 03222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0617881 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNETT, MURRAY DO NOT WRITE 17401 BRIDLE WAY TRAIL BOCA RATON, FL 33496 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, lyocolor printed name of registered agent and the if appreciance (HOTE: degalered Agent agent reliegs red when renotation 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TIFLE NAME BARNETT, MURRAY STREET ADDRESS 17401 BRIDLE WAY TRAIL CITY-ST 7IP BOCA RATON, FL 33496 U00000879857 TITLE **94**X19X98+89997-998×159X99% BARNETT, SYLVIA NAME STREET ADDRESS 17401 BRIDLEWAY TRAIL CITY-ST-7IP BOCA RATON, FL. 33496 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 opport 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:

STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY ST- ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OF INFECTOR