## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Feb 18, 2008 08:00 AN Secretary of State **DOCUMENT # P96000014428** 1. Entity Name HIALEAH ALMACEN CORP. Principal Place of Business Mading Address 7220 SW 61 ST 7220 SW 61 ST **MIAMI FL 33143** MIAMI FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0642596 Not Applicable $Z_{\rm ID}$ Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERSTER, JEANETTE Street Address (P.O. Box Number is Not Acceptable) 7220 SW 61ST STREET MIAMI FL 33143 City Zip Code 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 SIGNATURE Sandere apply only mod team of mark ad ment unit the Trappicable DATE "NOTE: Registered Agent agrature regalines y non roin-saing" FILE NOW!!! FEE IS \$150.00 9. Election Campaion Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ППЕ ☐ Change Daleto Addition: NAME VERSTER, JEANETTE M NAME STREET ADDRESS 7220 SOUTHWEST 61 STREET STREET ADDRESS Uñ0000830606 CITY - ST- 71.7 MIAMI FL 33143 CITY-ST-ZIP |26/68-80091-004 | 150. TITLE Derete THE Change Addition NAME VERSTER, MARTIN D MAINE STREET ADDRESS 7220 SOUTHWEST 61 STREET STREET ADDRESS CITY-ST-7/2 MIAMI FL 33143 CITY-ST-ZIP THE ☐ De-ete TITLE Change Addition MAME NAME STREET ADDRESS STHEE! ADDRESS CITY-ST-719 CITY-ST-ZIP THEE ☐ Defete TITLE ☐ Change Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De ete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS 01TY-01-7IP CITY-SI-ZIP ☐ De-ete TITLE Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

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