

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90085 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                     |                                                                           |                                                                                                                                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000030037</b><br>1. Entity Name<br><b>HIALEAH LADY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                                                                                                                     |                                                                           |                                                                                                                                    |  |
| Principal Place of Business<br><b>500 WEST 49 ST., 2ND FLOOR<br/>HIALEAH, FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                     | Mailing Address<br><b>11060 N KENDALL DR.<br/>MIAMI, FL 33176</b>         |                                                                                                                                                                                                                     |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | 3. Mailing Address                                                                                                  |                                                                           |                                                                                                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Suite, Apt. #, etc.                                                                                                 |                                                                           |                                                                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | City & State                                                                                                        |                                                                           | 4. FEI Number<br><b>65-0686874</b>                                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Country                                                                                                             |                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GARCIA, LESLEY A.<br/>11060 N KENDALL DR.<br/>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br>Name <b>Serrano, Lesley A</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>11060 N. Kendall Dr.</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                                     |                                                                           |                                                                                                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                           |                                                                                                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PSTD <input type="checkbox"/> Delete<br><b>GARCIA, LESLEY A.<br/>11060 N KENDALL DR.<br/>MIAMI, FL 33176</b> |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SERRANO, Lesley A.<br/>11060 N. Kendall Dr.<br/>Miami, FL 33176</b>                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |  |
| 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. |                                                                                                              |                                                                                                                     |                                                                           |                                                                                                                                                                                                                     |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                                                     | <b>4/12/07</b> <b>305-273-6525</b><br><small>Date Daytime Phone #</small> |                                                                                                                                                                                                                     |  |