## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # P97000097299 02-17-2006 90076 050 \*\*\*150.00 HIALEAH WAREHOUSES COMPANY Principal Place of Business Mailing Address 9803 MALVERN DRIVE 1548-52 W 41 ST HIALEAH FL 33012 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0802673 Not Applicable Zip Country 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 Name VALDINI, DAVID J Street Address (P.O. Box Number is Not Acceptable) 5353 N FEDERAL HIGHWAY STE 303 FORT LAUDERDALE FL 33308 FL 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 FEB. 4, 2006 DAVID J. VALDINI SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PTD ☐ Delete TITI F ☐ Change ☐ Addition NAME FRANZUS, HARRY NAME STREET ADDRESS STREET ADDRESS 9803 MALVERN DR CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 - Delete TITLE . Change. Addition TITLE FRANZUS, SELMA NAME NAME STREET ADDRESS STREET ADDRESS 9803 MALVERN DR CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP VSD Change Change ☐ Addition TITLE Delete KUNG SHARON. 22890 EL DORADO DRIVE NAME NAMI KUNG, SHARON STREET ADDRESS STREET AODRESS 22890 EL DORADO DRIVE CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

SIGNATURE: Harry Franzus HARRY FRANZUS, PRES. FEB. 4, 2006 954,722-1400
SIGNATURE AND TYPED OR WHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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.