

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90039 033 ***158.50

DOCUMENT # P97000097299

1. Entity Name

HIALEAH WAREHOUSES COMPANY



Principal Place of Business

1548-52 W 41 ST
HIALEAH FL 33012
US

Mailing Address

9803 MALVERN DRIVE
TAMARAC FL 33321



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0802673

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDINI, DAVID J
5353 N FEDERAL HIGHWAY
STE 303
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD ☐ Delete
NAME: FRANZUS, HARRY
STREET ADDRESS: 9803 MALVERN DR
CITY, ST, ZIP: TAMARAC FL 33321

TITLE: VSD ☐ Delete
NAME: KUNG, SHARON
STREET ADDRESS: 22890 EL DORADO DRIVE
CITY, ST, ZIP: BOCA RATON FL 33433

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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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 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.

SIGNATURE: Harry Franzus HARRY FRANZUS JAN. 19, 2007 954-722-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12a

12b (Optional Phone #)