2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 11, 2005 08:00 AM DOCUMENT # P97000102273 **Secretary of State** 1. Entity Name HIALEAH TRUST INVESTMENT CORP. Principal Place of Business Mailing Address 2261 WEST 53RD STREET #2 HIALEAH FL 33016 2261 WEST 53RD STREET #2\_ HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0798750 Not Applicable Zip Country Zip 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 VEGA, CAMELIA Street Address (P.O. Box Number is Not Acceptable) 2261 WEST 53RD STREET #2 HIALEAH FL 33016 Zip Code FI 3. 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. 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 ۷D ☐ Detefe TITLE Change ☐ Addition NAME VEGA, CAMELIA NAME 2261 WEST 53RD STREET #2 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE U00000258876 NAME VEGA, SIXTO JR NAME 03/11/05-80001-023 150.00 STREET ADDRESS 2261 WEST 53RD STREET #2 STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY+ST-7IP TITLE ☐ Delete TITLE [] Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am an officer or director of the corporation or the Feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that myname appears in Block 10 or Block 11 if changed, or on an attachment with an address, witigall other like empowered.

**FILED**