

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

02-05-2008 90008 019 ***150.00



1st MOORE CR2E034 (10/07)

DOCUMENT # P97000102273 1. Entity Name HIALEAH TRUST INVESTMENT CORP.			
Principal Place of Business 2261 WEST 53RD STREET #2 HIALEAH FL 33016 <i>change to</i>		Mailing Address 2261 WEST 53RD STREET #2 HIALEAH FL 33016	
2. Principal Place of Business - No P.O. Box # 592 W 28 ST		3. Mailing Address 592 W 28 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HIALEAH FLA		City & State HIALEAH FLA	
Zip 33010		Zip 33010	
Country USA		Country USA	
4. FEI Number 65-0798750		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEGA; CAMELIA 2261 WEST 53RD STREET #2 HIALEAH FL 33016		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 _____ DATE _____ Signature, typed or printed name of registered agent and state. If applicable. (NOTE: Registered Agent must be a resident of the State of Florida.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, CAMELIA 2261 WEST 53RD STREET #2 HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10255 NW 129 ST HIALEAH GARDENS FLA 33018 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, SIXTO JR 2261 WEST 53RD STREET #2 HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10255 NW 129 ST HIALEAH GARDEN FL 33018 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: CAMELIA VEGA <i>Camelia Vega</i>		2/1/08 305-882-4311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Original Filing #	