



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000307506 1. Entity Name AMBASSADOR OF HIALEAH, CORP.	
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Principal Place of Business 475 E 49 ST HIALEAH, FL 33013	Mailing Address 475 E 49 ST HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE

	
03122003 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0813735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOREJON, ANGELA 703 E 36 ST HIALEAH, FL 33013	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE _____

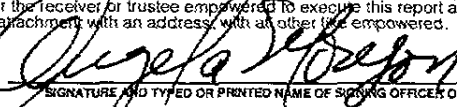
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREJON, ANGELA 703 E 49 ST HIALEAH, FL 33013
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05/21/04-80005-009 150.00

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 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 an other fee empowered.

SIGNATURE:  **5/18/04 3056887767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #