


**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.



Principal Place of Business      Mailing Address

475 E 49 ST                              475 E 49 ST  
HIALEAH, FL 33013                      HIALEAH, FL 33013

**DO NOT WRITE IN THIS SPACE**



03122003    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
65-0813735      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOREJON, ANGELA  
703 E 36 ST  
HIALEAH, FL 33013

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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

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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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 file empowered.

SIGNATURE: Angela Morejon      5/18/04      3056887767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #