


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000066081

1. Entity Name
330 WEST HIALEAH, INC.



Principal Place of Business
15 MAPLE AVENUE
MORRISTOWN, NJ 07960

Mailing Address
15 MAPLE AVENUE
MORRISTOWN, NJ 07960

DO NOT WRITE IN THIS SPACE



07262004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3641850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE
SUITE 200
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

U00000171712
09/08/04-80002-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANSON, JON
STREET ADDRESS	15 MAPLE AVE
CITY-ST-ZIP	MORRISTOWN, NJ 07960
TITLE	D
NAME	ROSEN, MARK
STREET ADDRESS	15 MAPLE AVE
CITY-ST-ZIP	MORRISTOWN, NJ 07960
TITLE	D
NAME	FEINSTEIN, NORMAN
STREET ADDRESS	15 MAPLE AVE
CITY-ST-ZIP	MORRISTOWN, NJ 07960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Jon Hanson 8/31/04

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