


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000066081**

1. Entity Name  
**330 WEST HIALEAH, INC.**



Principal Place of Business      Mailing Address

**15 MAPLE AVENUE**      **15 MAPLE AVENUE**  
**MORRISTOWN, NJ 07960**      **MORRISTOWN, NJ 07960**

**DO NOT WRITE IN THIS SPACE**



03272008    No Chg-P    CRZE034 (11/05)

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

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000555750  
 05/16/06-20045-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]*      Date: 4/21/06      Daytime Phone # \_\_\_\_\_