

**2007 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000068251**

1. Entity Name  
**HIALEAH-LAKES TRANSPORTATION, INC.**



Principal Place of Business

**1160 W. 40TH PL.  
HIALEAH, FL 33012**

Mailing Address

**1160 W. 40TH PL.  
HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0861498**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ULLOA, REINALDO  
1160 W. 40TH PL.  
HIALEAH, FL 33012**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPVT
NAME	ULLOA, REINALDO
STREET ADDRESS	1160 W. 40TH PL.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	S
NAME	ULLOA, REINALDO
STREET ADDRESS	1160 W. 40TH PL.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	ULLOA, BEATRIZ
STREET ADDRESS	1160 W. 40TH PL.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/07-80037-002 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Reinaldo Ulloa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/07*

Date

Daytime Phone #