


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

05-20-2004 90006 030 ***158.75

DOCUMENT # P99000026602
 1. Entity Name
 HIALEAH GREAT NECK PROPERTIES, INC.



Principal Place of Business
 240 W. 24TH STREET
 HIALEAH, FL 33010

Mailing Address
 240 W. 24TH STREET
 HIALEAH, FL 33010

66429031



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06232004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
 65-0916532

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 FRIEDMAN, ROBERT S
 240 W. 24TH STREET
 HIALEAH, FL 33010

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

7. Name and Address of New Registered Agent
 Name: CARLOS VILARCHAO
 Street Address (P.O. Box Number is Not Acceptable): 15345 SW 69 TERRACE
 City MIAMI FL Zip Code 33193

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]* DATE: 06/23/04

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, ROBERT S	<input checked="" type="checkbox"/>
STREET ADDRESS	3936 ESTEPONA AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRETE, RICHARD	
STREET ADDRESS	3 UNIVERSITY PLACE	
CITY-ST-ZIP	LAKE SUCCESS, NY 11020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD/STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* RICHARD PRETE - PRESIDENT 06/23/04 305-884-3653

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