


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

**66429031**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

06232004      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0916532**      Not Applicable

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

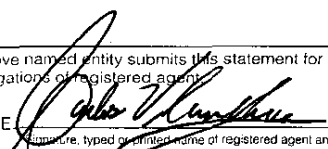
**6. Name and Address of Current Registered Agent**

**FRIEDMAN, ROBERT S**  
**240 W. 24TH STREET**  
**HIALEAH, FL 33010**

**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:       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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:       RICHARD PRETE - PRESIDENT      06/23/04      305-884-3653

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