


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 050 ***158.75

DOCUMENT # P99000077186
 1. Entity Name
 HIALEAH GAS, INC.



Principal Place of Business Mailing Address
 1301 BEVILLE ROAD 1301 BEVILLE ROAD
 UNIT 7 UNIT 7
 DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



03212008 Chg-P CR2E034 (12/06)

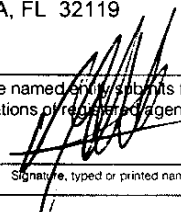
6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
 1301 BEVILLE ROAD
 UNIT 7
 DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name: Victor Gallero
 Street Address (P.O. Box Number is Not Acceptable): 1898 South Clyde Morris Blvd
 Ste 500
 City: Daytona Beach FL Zip Code: 32119

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLERO, VICTOR 9 WOOD AMBER LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gallero, Victor 1898 South Clyde Morris Blvd Ste 500 Daytona Beach, FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS GALLERO, LILIANA 9 WOOD AMBER LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS Gallero Liliana 1898 South Clyde Morris Blvd Ste 500 Daytona Beach, FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR