

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000095798	
1. Entity Name HIALEAH FIREFIGHTERS TRUST, INC.	

Principal Place of Business 800 W. 49TH STREET HIALEAH, FL 33012	Mailing Address 800 W. 49TH STREET HIALEAH, FL 33012
--	--

DO NOT WRITE IN THIS SPACE



08092004 No Chg-P CR2E034 (10/03)

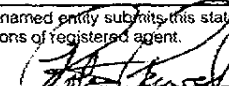
4. FCI Number 65-0963777	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POWELL, ROBERT
13295 80TH LANE NORTH
WEST PALM BEACH, FL 33412**

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  DATE **8-9-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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
---	--

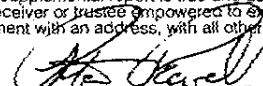
10. OFFICERS AND DIRECTORS

TITLE P	NAME WILLIAMS, ROBERT III
STREET ADDRESS 800 W. 49TH STREET	
CITY - ST - ZIP HIALEAH, FL 33012	
TITLE VP	NAME PFLUM, WAYNE
STREET ADDRESS 800 W. 49TH STREET	
CITY - ST - ZIP HIALEAH, FL 33012	
TITLE ST	NAME POWELL, ROBERT
STREET ADDRESS 800 W. 49TH STREET	
CITY - ST - ZIP HIALEAH, FL 33012	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000169951
08/12/04-80005-013 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 **8-9-04** (561) 236-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR