


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000095798</b> 1. Entity Name <b>HIALEAH FIREFIGHTERS TRUST, INC.</b>	
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Principal Place of Business <b>800 W. 49TH STREET HIALEAH, FL 33012</b>	Mailing Address <b>13295 80TH LANE NORTH WEST PALM BEACH, FL 33412</b>
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02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0963777</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

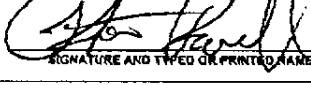
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS, ROBERT III 800 W. 49TH STREET HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PFLUM, WAYNE 800 W. 49TH STREET HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST POWELL, ROBERT 800 W. 49TH STREET HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80005-010 158.75

**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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_