2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRIN

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jan 29, 2007 08:00 AM DOCUMENT # P99000104578 **Secretary of State** 1. Entity Namo HIALEAH ONE INDUSTRIAL PARK, INC. Principal Place of Business Mailing Address 8001 W. 26 AVE 8001 W. 26 AVE SUITE #1 SUITE #1 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) 4. FEi Number 65-0973960 City & State City & State Applied For Not Applicat Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VOLOVITZ, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 8001 W. 26 AVE SUITE #1 HIALEAH FL 33016 Zip Code City 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 Signeture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P. After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition HILL [[[]] VOLOVITZ, ALBERTO NAM NAME U00000608487 8001 W. 26 AVE SUITE #1 SHEET ADDRESS 02/01/07-80012-018 150.00 SUPELI ADDRESS HIALEAH FL 33016 CHY-SL 70 CITY ST ZIP 11118 ☐ Change Addition ☐ Delete NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-7119 CHY SI 7IP Dolete ☐ Change Addilli NAMI MAMI SIDELL ADDRESS STREET ADDRESS CITY+ST ZIP CITY ST 71P ☐ Change Akiiii 11111 Delele THE NAME NAM SINGEL ADDRESS STREET ADDRESS CDY ST-7IP CHY-SI-ZIP 11111 ☐ Delete HTHE ☐ Change Addition NAM MARK STREET ADDRESS SIDELL ADDRESS CRY SE-ZIP CHY SI ZIE _____ A.1.111. ☐ Change IIII Delete HTHE NAME NAME STREET ADDRESS SHIFT ADDRESS CITY ST ZIP CITY ST-ZIP y for the exemptions contained in Section 119, Florida Statutos, I further certify that the information and my signature shall have the same legal effect as if made under eath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information supplied with this filing does not quindicated on this report or supplemental report is true and accurate any of the corporation or the receiver or trustee empowered to exaculate the corporation.

Empaliberto volovitz 01/23/07 (305)557-0165

(Into

Liestone Phone #