


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # S06483
 1. Entity Name
HIALEAH (FLORIDA) MANAGEMENT, INC.



Principal Place of Business Mailing Address
12567 N.E. 7TH AVENUE **12567 N.E. 7TH AVENUE**
NORTH MIAMI, FL 33161 **NORTH MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0235510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEONARD, EUGENE
12567 N.E. 7TH AVENUE
NORTH MIAMI, FL 33161

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHELLEW, MARK P 62 ELDER RD ADELAIDE, S AUSTRALIA, 5015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVINE, MARK 62 ELDER RD. ADELAIDE, S. AUSTRALIA, 5015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEONARD, EUGENE H 12567 N.E. 7TH AVENUE NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000270341
 03/21/05-80003-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: EUGENE H. LEONARD Date: 3/17/05 Daysime Phone #: 305-898-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR