
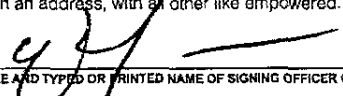


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S64173		
1. Entity Name HIALEAH LATIN AMERICAN, INC		
Principal Place of Business 675 EAST 9TH ST. HIALEAH, FL 33010	Mailing Address 675 EAST 9TH ST. HIALEAH, FL 33010	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROJAS, FIDELIA J 890 S.E. 5TH PLACE HIALEAH, FL 33010		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS, FIDELIA J 890 SE 5TH PLACE HIALEAH, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0270260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000518902
05/02/06-80027-027 150.00

**DO NOT WRITE
IN THIS SPACE**

April 24-06 (305-8846588)
Date Daytime Phone #