#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: ELISA ROBLES

Electronic Signature of Signing Officer/Director Detail

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.

#### Of

SIGNATURE:

Officer/Dire	ctor Detail :		
Title	Ρ	Title	S/T
Name	ROBLES, ELISA	Name	SARDINA, JANET
Address	501 PALM AVENUE, 4TH FLOOR	Address	501 PALM AVENUE, 4TH FLOOR
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010
Title	VP		
Name	NAVEIRAS, CAROLINA		
Address	501 PALM AVENUE, 4TH FLOOR		
City-State-Zip:	HIALEAH FL 33010		

# Name and Address of Current Registered Agent:

GRODNICK, WILLIAM MESQ 501 PALM AVENUE, 4TH FLOOR HIALEAH, FL 33010 US

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0700004546

Entity Name: CITY OF HIALEAH SCHOLARSHIP FUND, INC.

### **Current Principal Place of Business:**

501 PALM AVENUE, 4TH FLOOR HIALEAH. FL 33010

### **Current Mailing Address:**

501 PALM AVENUE, 4TH FLOOR HIALEAH, FL 33010

## FEI Number: 26-0858442

Electronic Signature of Registered Agent

Secretary of State CC7104504240

FILED Jan 07, 2013

Certificate of Status Desired: No

01/07/2013

Date

Date