


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90019 048 ***150.00

DOCUMENT # P0000039373

1. Entity Name
FALCON TRADING COMPANY, INC.



Principal Place of Business
8232 NW 30 TERR
MIAMI, FL 33122

Mailing Address
8232 NW 30 TERR
MIAMI, FL 33122

40010007



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-1026867

Applied For
 Not Applicable

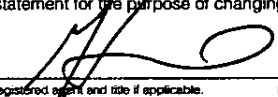
Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent
 Name
Armando Hernandez CPA PA
 Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Cir STE 720
 City, State, Zip Code
Miami, FL 33134

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: **1/15/05**


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	D <input checked="" type="checkbox"/> Delete MONSALVE, MANUEL M 8232 NW 30 TERR MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MONSALVE, JACINTO M 8232 NW 30 TERR MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VIDAL, MANUEL M 8232 NW 30 TERR MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Malo Manuel M. 8232 Nw 30th Terr, Miami, Fl 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Malo Jacinto M 8232 Nw 30th Terr. Miami, Fl 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Malo Manuel A 8232 Nw 30th Terr Miami, Fl 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **1/14/05** DAYTIME PHONE #: **305 593 2224**