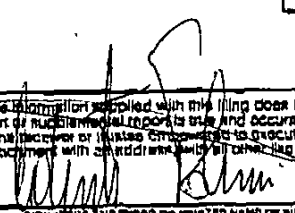


FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 035 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000125239			
1. Entity Name HALCON HOLDINGS, INC.			
Principal Place of Business 101 MADEIRA AVENUE CORAL GABLES, FL 33134		Mailing Address 101 MADEIRA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business 1855 Brickell Avenue		3. Mailing Address 2030 Douglas Road	
Suite, Apt. #, etc. Apt A 902		Suite, Apt. #, etc. Suite 210	
City & State Miami, FL		City & State Coral Gables, FL	
Zip 33129		Zip 33134	
Country		Country	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Non Required			
6. Name and Address of Current Registered Agent XIQUES, ALBERT J ESQ. 101 MADEIRA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Carlos Machado Street Address (P.O. Box Number is Not Acceptable) 2030 Douglas Road, ste 210 City Coral Gables FL Zip Code 33134	
8. The above named entity submits this statement for the purpose of changing the 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 2/9/06 Signature, (printed name of registered agent) and date of application. (NOTE: Registered Agent signature required when re-appointed)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FALCONI PEET, ROBERTO 3085279; 1885 BRICKELL AVENUE, APT A 902 MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALCONI PEET, GUSTAVO 3085279; 1885 BRICKELL AVENUE, APT A 902 MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE ASPIAZU, LETECIA 3085279; 1885 BRICKELL AVENUE, APT A 902 MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 reports 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 incorporator or limited partner who is executing 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 only if not otherwise empowered. SIGNATURE:  DATE 2/9/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

60015190



02092006 Chg-P CR2E034 (11/05)