

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90416 024 ***150.00

DOCUMENT # P98000078973

1. Entity Name
FALTO CORPORATION



Principal Place of Business
 20875 NE 30TH AVENUE
 AVENTURA, FL 33180

Mailing Address
 C/O RIS - 201 S BISCAYNE BLVD
 STE 1500
 MIAMI, FL 33131

50008856



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

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

01172006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
20-1333312

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
HERNANDEZ, ARMANDO CPA, PA
255 ALITAMBRA EINRIL
SUITE 720
CORAL GABLES, FL 34134

7. Name and Address of New Registered Agent
 Name **HERNANDEZ, ARMANDO PA**
 Street Address (P.O. Box Number is Not Acceptable) **255 Alitambra Circle # 720**
 City **Coral Gables** FL Zip Code **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 **1/15/06**

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	DPST MALO MONSALVE, MANUEL RJS - 201 S BISCAYNE BLVD #1500 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date _____ Daytime Phone # _____