2007 FOR PROFIT CORPORATION

Feb 26, 2007 8:00 am Secretary of State **ANNUAL REPORT** 02-26-2007 90072 001 ***150.00 DOCUMENT # P98000078973 **FALTO CORPORATION** 40024600 Mailing Address Principal Place of Business C/O RJS - 201 S BISCAYNE BLVD 20875 NE 30TH AVENUE AVENTURA, FL 33180 STE 1500 MIAMI, FL 33131 2 Principal Place of Business - No P.O. Box # 3. Mailing Address 20875 NE 30th Avenue Suite, Apt. #. etc. Suite, Apt. #, etc. Chg-P 01082007 CR2E034 (12/06) City & State 4 FEI Number Applied For City & State Aventura, 20-1333312 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33180 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, ARMANDO, PA Street Address (P.O. Box Number is Not Acceptable) 255 ALITAMBRA EINRIL SUITE 720 CORAL GABLES, FL 34134 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE DPST Change Addition THE MALO MONSALVE, MANUEL NAME NAME MALO MONSALVE, MANUEL RJS - 201 S BISCAYNE BLVD #1500 STREET ADDRESS STREET ADDRESS 20875 NE 30th Avenue MIAMI, FL 33131 CITY-\$1-ZIP CHEY ST-ZIE Aventural Fl 33180 HILL ☐ Delete THE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change mer Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1-ZIP Delete HILL Change Addition NAME NAME STRLET ADDRESS STREET ADDRESS CI17 - S1 - ZIP CITY-ST-ZIP Change ☐ Addition ITILL Delete 1011.6 NAMI NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Change Addition THUE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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

CITY-ST-ZIP

CHY-SE ZIP

SIGNATURE: _ SIGNATURE AND THED OF NTED NAME OF SIGNING OFFICER OR DIRECTOR



Filing Instructions

Form 2007-Corporation Annual Report

Name:

FALTO CORPORATION INC.

Remittance:

Payment for \$150.00 Payable to Florida Department of State.

Write the document number on the check. (P98000078973)

Mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Signature:

The form should be signed and dated as well as telephone number

Due Date:

Before April 30, 2007

Other:

Please review if the address & the officers of the corporations are

correct if not write the correct ones in the spaces indicated

Date:

January 8/2007