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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Suite. April. 4 ord. Suite. April. 4 ord. Suite. P. O. Box 526150 D7152005 Chg.P. CR2E034 (10/05)	117 PONCE	DE LEON BLVD STE 215	717 PONCE DE LEON BI			EE, FLORIDA
P. O. Box 526150 P. O. Box 6261604 P. D. B	Principal P	lace of Business	3. Mailing Address			
MI ani, Florida Dep			P.O.Box 52615	50		
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. PONCE DE LEON BLVD STE 215 ORAL GABLES, FL 33134 City City FL Zp Code 1. The above named onlisty 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. In a bove named onlisty 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. In a bove named onlisty 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. In a bove named onlisty 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. In a bove named onlisty 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. In a bove submits of the purpose of changing its registered office or registered agent. Or both, in the State of Florida. I am familiar with, and accept the purpose of the purpose	City & Stat		Miami, Florid		4. FEI Number	Not Applicable
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Increby 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 invicated 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 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 invinged, or on an attachment with an entire empowered. SATURE:	hij		☐ Delete	HAME STREET ADDRESS		☐ Change ☐ Addition
the corporation of 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 international and attachment with an additional statutes, with all other like empowered. Company Com	"wicated	on this report or supplemental report	is true and accurate and that m	the exemption stated in v signature shall have	the same legal effect as if made und	eroath; that I am an officer or director
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LAW OFFICES OF AINSLEE R. FERDIE

SUITE 215

717 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33134-2048 TELEPHONE (305) 445-3557 TELECOPIER (305) 441-6401 E-MAIL: lawoffic@gate.net

AINSLEE R. FERDIE STUART A. LONES

October 12, 2005

Division of Corporations P.O. Box 6198 Tallahassee, Fl. 32314-6198

> Document #P04000028459 Falcorp, Inc.

> Document #L04000011171 5001 Hollywood, LLC

Dear Sir/Madam:

Our records show:

- 1. That forms were submitted in late July 2005 (copies attached)
- 2. Checks sent with forms were cashed by the State (copies attached)

Kindly check your records and vacate nunc pro tunc the dissolution or advise specifically why not. This is an exhaustion of administrative rights prior to suit.

Very truly yours,

AINSLEE R. FERDIE

ARF/rf

cc: 5001 Hollywood, LLC

Falcorp, Inc.