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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000056199 1. Entity Name FALCON ASSETS MANAGEMENT, INC.		
Principal Place of Business 48 E FLAGLER ST SUITE #379 MIAMI, FL 33131	Mailing Address 48 E FLAGLER ST SUITE #379 MIAMI, FL 33131	
		
DO NOT WRITE IN THIS SPACE		
03062008 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0678650		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
ALVAREZ, JACQUELINE 48 E FLAGLER ST SUITE #379 3RD FLOOR MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE	
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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000852269 03/26/08-80021-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLD, JANINE 8877 COLLINS AVE SURFSIDE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, JACQUELINE 48 E. FLAGLER ST, SUITE #379 MIAMI, FL 33131	
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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: <i>Jaqueline Alvarez</i>		3/6/2008 305-374-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		