## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028459 Entity Name: FALCORP, INC.

**Current Principal Place of Business:** 

717 PONCE DE LEON BLVD SUITE 227 CORAL GABLES, FL 33134

## **Current Mailing Address:**

717 PONCE DE LEON BLVD SUITE 227 CORAL GABLES, FL 33134 US

FEI Number: 65-1217485 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FERDIE, AINSLEE R 717 PONCE DE LEON BLVD SUITE 227 CORAL GABLES, FL 33134 US

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.

City-State-Zip:

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 06, 2015

**Secretary of State** 

CC3131851050

## Officer/Director Detail:

Title Title **PRESIDENT** FERDIE, AINSLEE R Name Name FALLA, JOSE 717 PONCE DE LEON BLVD., SUITE Address P.O. BOX 526150 Address

City-State-Zip: CORAL GABLES FL 33134

Title **SECRETARY** Name FALLA, CRISTINA Address P.O. BOX 526150 City-State-Zip: MIAMI FL 33152

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AINSLEE R. FERDIE

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

MIAMI FL 33152

03/06/2015