## 2017 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 16, 2017

**Secretary of State** 

CC4758988723

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: MIAMI FL 33152 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.

03/16/2017 SIGNATURE: FALLA, JOSE **PRESIDENT**