

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 285942

1. Entity Name
BLUE FALCON INC.



Principal Place of Business

**7448 SW 48 ST
P.O. BOX 380092
MIAMI, FL 33155**

Mailing Address

**P.O. BOX 330092
COCONUT GROVE STATION, FL 33233**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1088712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAPPAS, JAMES
7448 SW 48 ST
MIAMI, FL 33155**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAPPAS, JAMES
STREET ADDRESS	7448 SW 48 ST
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	D
NAME	LAPPAS, NORMA
STREET ADDRESS	7448 SW 48 ST
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	D
NAME	LAPPAS, JAMIE R
STREET ADDRESS	7448 SW 48TH ST
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/26/05-80004-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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: **James Lappas** **JAMES LAPPAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Feb. 2005

Date

(305) 666-6555

Daytime Phone #