

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 002 ***150.00

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 690125
VERO BEACH FL 32969



2. Principal Place of Business - No P.O. Box #

9035 AMERICANA Road
Suite, Apt. #, etc.
UNIT 18

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

VERO BEACH - FLA

City & State

Zip

32966

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9035 Americana Road

Unit 18

City

Vero Beach -

FL

Zip Code

32966

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 fee if applicable.

(NOTE: Registered Agent signature required when reissuance)

DATE

James Lappas

18 Jan. 2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAPPAS, JAMES	
STREET ADDRESS	7448 SW 48 ST	
CITY ST ZIP	MIAMI FL 33155	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAPPAS, NORMA	
STREET ADDRESS	7448 SW 48 ST	
CITY ST ZIP	MIAMI FL 33155	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAPPAS, JAMIE R	
STREET ADDRESS	7448 SW 48TH ST	
CITY ST ZIP	MIAMI FL 33155	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9035 Americana Road - Unit 18	
CITY ST ZIP	Vero Beach - Fla. 32966	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9035 Americana Road - Unit 18	
CITY ST ZIP	Vero Beach - Fla. 32966	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9035 Americana Road - Unit 18	
CITY ST ZIP	Vero Beach - Fla. 32966	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Norma Lappas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 07 (772)770-1828

Date

Daytime Phone #