

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L94881</b> 1. Entity Name A. FALSO PROPERTIES, INC.	
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Principal Place of Business 4280 GALT OCEAN DR #8P FT LAUDERDALE, FL 33308-5425	Mailing Address PO BOX 216, EASTWOOD STATION SYRACUSE, NY 13206-216 US
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0213658	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

GARDNER, R.M.  
500 E BROWARD BLVD  
SUITE 1600  
FT LAUDERDALE, FL 33394

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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 re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000157319 05/05/04-80022-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALSO, ADOLPH V. 4645 RINGNECKED PATH MANLIUS, NY 13104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORLANDO, FELIPPA F 408 KIMRY MOOR FAYETTEVILLE, NY 13066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jan S. Verbeek 4/22/04 315-483-1160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #