2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L94881

1. Entity Name
A. FALSO PROPERTIES, INC.

Principal Place of Business	Mailing Address
4280 GALT OCEAN DR #8P FT LAUDERDALE, FL 33308-5425	PO BOX 216, EASTWOOD STATION SYRACUSE, NY 13206-216 US

DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0213658

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000544646
05/11/06-80043-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FALSO, ADOLPH V.
STREET ADDRESS	1730 VENEZIA WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DV
NAME	ORLANDO, FELIPPA F
STREET ADDRESS	4280 GALT OCEAN DR #14R
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	ST
NAME	VERBECK, JON S
STREET ADDRESS	4509 SEVEN PINES DR
CITY-ST-ZIP	CAZENOVIA, NY 13035
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 exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jon S. Verbeck 4/18/06 315-655-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #