

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M15850

Entity Name: FALLON ENTERPRISES, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3071 NW 64TH AVE.  
C/O MICHAEL FALLON  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

3071 NW 64TH AVE.  
C/O MICHAEL FALLON  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number: 59-2545924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FALLON, MICHAEL P.  
3071 NW 64TH AVE.  
SUNRISE, FL 33313 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FALLON, MICHAEL P.  
Address: 3071 NW 64TH AVE.  
City-St-Zip: SUNRISE, FL 33313

Title: VP  
Name: FALLON, TERRENCE  
Address: 3071 NW 64TH AVENUE  
City-St-Zip: SUNRISE, FL 33313

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.

SIGNATURE: MICHAEL P. FALLON

DP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date