

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90106 007 ****70.00

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1. Entity Name
FAALAS INC.



Principal Place of Business
**C/O PRIMATE PRODUCTS, INC.
7780 NW 53RD STREET
MIAMI, FL 33136-4102 US**

Mailing Address
**C/O PRIMATE PRODUCTS, INC.
7780 NW 53RD STREET
MIAMI, FL 33136-4102 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3164152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRADFORD, DONALD
7780 NW 53RD STREET
MIAMI, FL 33136-4102**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME BOBER, RAMONA
STREET ADDRESS MAIL CODE B10-3
CITY-ST-ZIP KENNEDY SPACE CENTER, FL 32899

TITLE VD ☐ Delete
NAME CONKLE, FAITH
STREET ADDRESS 4500 SAN PABLO RD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE SD ☐ Delete
NAME COSHALT, PENNY
STREET ADDRESS 101 BIOMEDICAL RESEARCH FACILITY
CITY-ST-ZIP TALLAHASSEE, FL 32306

TITLE D ☐ Delete
NAME CASTELLANO, PAUL
STREET ADDRESS 15140 SW 26TH ST
CITY-ST-ZIP DAVIE, FL 33326

TITLE D ☐ Delete
NAME SOTO, JOHN
STREET ADDRESS 13000 BRUCE B. DOWNS BLVD (151)
CITY-ST-ZIP TAMPA, FL 33612

TITLE TD ☐ Delete
NAME MANETTA, SANDI
STREET ADDRESS 12901 BRUCE D DOWNS BLVD MDC BOX 54
CITY-ST-ZIP TAMPA, FL 33612

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME CONKLE, FAITH
STREET ADDRESS 4500 San Pablo Rd
CITY-ST-ZIP Jacksonville, FL 32224

TITLE VD ☐ Change ☒ Addition
NAME Luis Zorrilla
STREET ADDRESS 1600 SW Archer Rd, PO Box 100006
CITY-ST-ZIP Gainesville, FL 32610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 617, 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:

Ramona Bober

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

321 861-2199

Daytime Phone #