

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 035 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3164152

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ZORRILLA, LUIS
STREET ADDRESS 1600 SW ARCHER RD PO BOX 100006
CITY-ST-ZIP GAINESVILLE, FL 32610

TITLE PD ☐ Change ☒ Addition
NAME Robert Banks
STREET ADDRESS 12443 Research Pkwy Ste 207
CITY-ST-ZIP Orlando, FL 32826

TITLE VD ☒ Delete
NAME ZORRILLA, LUIS
STREET ADDRESS 1600 SW ARCHER RD., PO BOX 100006
CITY-ST-ZIP GAINESVILLE, FL 32610

TITLE VD ☐ Change ☒ Addition
NAME Robert Gump
STREET ADDRESS P.O. Box 100006
CITY-ST-ZIP Gainesville, FL 32610

TITLE SD ☐ Delete
NAME OWENS, UNA
STREET ADDRESS 12901 BRUCE B DOWNS BLVD MDC 20
CITY-ST-ZIP TAMPA, FL 33612

TITLE D ☐ Change ☒ Addition
NAME Paul Castellano
STREET ADDRESS 5960 Heisley Rd.
CITY-ST-ZIP Mentor, Ohio 44060

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08 407-247-5507
Date Daytime Phone #