


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90019 048 ***150.00

DOCUMENT # P00000039373 1. Entity Name FALCON TRADING COMPANY, INC.					
Principal Place of Business 8232 NW 30 TERR MIAMI, FL 33122			Mailing Address 8232 NW 30 TERR MIAMI, FL 33122		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1026867	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name Armando Hernandez CPA PA Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Cir STE 720 City Miami, FL Zip Code 3 3134	
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 1/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONSALVE, MANUEL M 8232 NW 30 TERR MIAMI, FL 33122	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malo Manuel M. 8232 Nw 30th Terr, Miami, Fl 33122
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONSALVE, JACINTO M 8232 NW 30 TERR MIAMI, FL 33122	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malo Jacinto M 8232 Nw 30th Terr. Miami, Fl 33122
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL, MANUEL M 8232 NW 30 TERR MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malo Manuel A 8232 Nw 30th Terr Miami, Fl 33122
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONSALVE, JACINTO M 8232 NW 30 TERR MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malo Manuel A 8232 Nw 30th Terr Miami, Fl 33122
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE 1/14/05 DAYTIME PHONE # 305 593 2224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					