

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032466

Entity Name: FALC USA, INC.

FILED  
Apr 13, 2007  
Secretary of State

## Current Principal Place of Business:

15895 NW 15 AVE  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

15895 NW 15 AVE  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: 65-1100453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.  
283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TUATY, DAVID  
Address: 15985 NW 15 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: TUATY, FEDERICA  
Address: 15895 NW 15 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ORFEI, MARCO  
Address: CDA SAN DOMENICO 24  
City-St-Zip: CIVITANOVA MARCHE, MC 62013 IT

Title: S (X) Change ( ) Addition  
Name: RANSON, JOANN  
Address: 1457 HWY 304 BOX 6848  
City-St-Zip: YARMOUTH, NS B5A 4A7 CA

Title: D ( ) Change (X) Addition  
Name: FERRETTI, SALINA  
Address: CDA SAN DOMENICO 24  
City-St-Zip: CIVITANOVA MARCHE, MC 62013 IT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARCO ORFEI

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date