

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032466

Entity Name: FALC USA, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

5881 NW 151ST STREET
SUITE 203
MIAMI LAKES, FL 330142442 US

Current Mailing Address:

5881 NW 151ST STREET
SUITE 203
MIAMI LAKES, FL 330142442 US

New Principal Place of Business:

6175 NW 153RD STREET
SUITE 223
MIAMI LAKES, FL 330142435 US

New Mailing Address:

6175 NW 153RD STREET
SUITE 223
MIAMI LAKES, FL 330142435 US

FEI Number: 65-1100453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EKONOMIDES, NICKOLAS C PA
791 BAYWAY BLVD
CLEARWATER, FL 33767 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: ORFEI, MARCO
Address: CDA SAN DOMENICO 24
City-St-Zip: CIVITANOVA MARCHE, MC 62013 IT

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOANN RANSON

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date