2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049438

Entity Name: FALCON CREST, CORP

FILED Jan 23, 2006 Secretary of State

Entity Nan	1e: FALCON (SREST, CORP.				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
6010 NW 54TH LANE FORT LAUDERDALE, FL 333192455				1353 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 33436		
Current Ma	ailing Address	s:	New Mailir	New Mailing Address:		
6010 NW 54TH LANE FORT LAUDERDALE, FL 333192455				1353 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 33436		
FEI Number: 65-1110488 FEI Number Applied For () FEI Nu			El Number Not Appli	mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of Co	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
6010 NW 5 FORT LAU The above	DERDALE, FL named entity s	333192455 US ubmits this statement for the purpo	ose of changing it	s registered of	ffice or registered age	ent, or both,
in the State						
SIGNATUR		c Signature of Registered Agent		Date		
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SANTOS, EMER 6010 NW 54TH I		Title: Name: Address: City-St-Zip:	SANTOS, EMER 6010 NW 54TH		
Title: Name: Address: City-St-Zip:	COSTA, EDUARI 6010 NW 54TH I		Title: Name: Address: City-St-Zip:	P (X) COSTA, EDUAR 1353 FAIRFAX BOYNTON BEA	CIRCLE EAST	
Title: Name: Address: City-St-Zip:	ALMEIDA, MICH 6010 NW 54TH I		Title: Name: Address: City-St-Zip:	V (X) ALMEIDA, MICH 1353 FAIRFAX BOYNTON BEA	CIRCLE EAST	
Title: Name: Address: City-St-Zip:	()!	Delete	Title: Name: Address: City-St-Zip:	CAPDEVILLE, Ñ	EW TERRACE EAST	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	RODRIGUES, A	EW TERRACE EAST	
Title: Name: Address: City-St-Zip:	()!	Delete	Title: Name: Address: City-St-Zip:	SOUZA, VINICIL	. LAKE DR APT. 104A	

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: EMERSON D SANTOS D 01/23/2006