2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

	UNIFURIN BUSINE	ESS REPU	ZI (ODŅ	<u> </u>	Secretary	nsiaic
DOCUMENT # P02000087610					05-01-2003 90255 01	.5 ***150.00
1. Entity Name						
FAL.COM	M Corp.					
V					10094536	
DO NOT WRITE IN THIS SPACE					10003000	•
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2. Principal Place of Business 2401 50th St. No.		3. Mailing Address 2401 50th St. No.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State St. Petersburg, FL		St. Petersburg, FL			4. FEI Number Applied For	
Zip	Country St. Peters		Countr		56-2286920 \$	Not Applicable 8.75 Additional
33710	USA	33710	USA		5. Certificate of Status Desired Fe	e Required
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name						
				Asencio, Fernando A. Street Address (P.O. Box Number is Not Acceptable)		
				2401 50	oth St. No	
			٠.			
St. Petersburg, FL Sip Code 33710						
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 January 1 - May 1 Fee is \$150.00						
	After May 1, Fee is \$550,00				9. Election Campaign Financing	\$5.00 May Be
6	Amended UBR is \$61.25 Payable to Florida Department o	f State			Trust Fund Contribution,	Added to Fees
10.	OFFICERS AND	DIRECTORS				<u> </u>
NAME (D/P/S/T Asencio, Fernando A.			TITLE NAME		
STREET ADDRESS	STREET ADDRESS 2401 50th St. No.		STREET ADDRESS			
CITY-ST-ZIP	St. Petersburg	<u>, FL 33710</u>		ST - ZIP		CR2E034B (12/02
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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 on an attachment with garaddress, with all other like empowered.						
SIGNATURE:						