DE : TELEFONICA SAN LORENZO NO. DE TEL : 46646849

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90055 023 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000106069

1. Entity Name
FALOR INVESTMENT, INC.

44004278

Principal Place of Business	Mailing Address
780 NW LEJEUNE ROAD STE 516 MIAMI, FL 33126	780 NW LEJEUNE ROAD STE 516 MIAMI, FL 33126

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3764340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PIEDRA, AVRELIO A
780 NW LE JEUNE RD
#516
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAVES, JUAN C		NAME	
STREET ADDRESS	780 NW LEJEUNE ROAD STE 516		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAVES, CARLOS F		NAME	
STREET ADDRESS	780 NW LEJEUNE ROAD STE 516		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: ______________________ 1/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #