2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000106907

1. Entity Name
AMERICAN FALCON, INC.

Principal Place of Business	Mailing Address
253 NW 31 ST MIAMI, FL 33127	253 NW 31 ST MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0267921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AQUINO, RUBEN
253 NW 31 ST
MIAMI, FL 33127

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 date (required when changing registered agent)

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

TITLE	DP
NAME	AQUINO, RUBEN
STREET ADDRESS	253 NW 31 ST
CITY ST ZIP	MIAMI, FL 33127
TITLE	DVT
NAME	AQUINO, JOSEFINA
STREET ADDRESS	253 NW 31 ST
CITY ST ZIP	MIAMI, FL 33127
TITLE	DS
NAME	AQUINO, BLANCA
STREET ADDRESS	253 NW 31 ST
CITY ST ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04-00153-004 150.00

DO NOT WRITE

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: [signature] President 4/28/04 305-593-6258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number