

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90047 015 \*\*\*150.00

<b>DOCUMENT # P02000127719</b> 1. Entity Name <b>FALAGO REALTY GROUP, INC.</b>			
Principal Place of Business <b>5263 GOLDEN GATE PARKWAY, SUITE A NAPLES, FL 34116</b>		Mailing Address <b>5263 GOLDEN GATE PARKWAY, SUITE A NAPLES, FL 34116</b>	
2. Principal Place of Business <b>3073 Horseshoe Dr. South</b> Suite, Apt. #, etc. <b># 112</b>		3. Mailing Address <b>3073 Horseshoe Dr. South</b> Suite, Apt. #, etc. <b># 112</b>	
City & State <b>Naples FL.</b>		City & State <b>Naples FL.</b>	
Zip <b>34104</b>		Zip <b>34104</b>	
Country		Country	
4. FEI Number <b>36-4514645</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FALZARANO, CHRISTINA M 5263 GOLDEN GATE PARKWAY, SUITE A NAPLES, FL 34116</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>3073 Horseshoe Dr. South</b> <b># 112</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMELAS, FERNANDO 5263 GOLDEN GATE PKWY, SUITE A NAPLES, FL 34116	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FALZARANO, CHRISTINA M 5263 GOLDEN GATE PKWY, SUITE A NAPLES, FL 34116	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMELAS, LEONARDO 5263 GOLDEN GATE PKWY, SUITE A NAPLES, FL 34116	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE</b> <b>LEONARDO LAMELAS</b>		01-17-05 (239)352-9870	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day:76 Phone #	