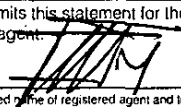
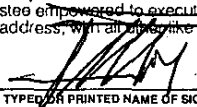


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90069 035 ***150.00

DOCUMENT # P03000021879 1. Entity Name FALCON SOMI CORPORATION					
Principal Place of Business 15768 NW 4TH STREET PEMBROKE PINES, FL 33028			Mailing Address 15768 NW 4TH STREET PEMBROKE PINES, FL 33028		
2. Principal Place of Business 4400 SW 36 STREET		3. Mailing Address 4400 SW 36 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE, FLORIDA		City & State DAVIE, FLORIDA		4. FEI Number 02-0682982	
Zip _____		Country _____		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOSA, FERNANDO J 15768 NW 4TH STREET PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name FERNANDO SOSA Street Address (P.O. Box Number is Not Acceptable) 4400 SW 36 STREET City DAVIE, FLORIDA FL Zip Code 33314		
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:  DATE: 1/28/04 (NOTE: Registered Agent signature required when reinstating)					
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE D	NAME SOSA, FERNANDO J		TITLE D	NAME FERNANDO SOSA	
STREET ADDRESS 15768 NW 4TH STREET	CITY-ST-ZIP PEMBROKE PINES, FL 33028		STREET ADDRESS 4400 SW 36 STREET	CITY-ST-ZIP DAVIE, FL 33314	
☐ Delete			☒ Change ☐ Addition		
TITLE _____	NAME _____		TITLE _____	NAME _____	
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ 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 changed, or on an attachment with an address, with all of the like empowered.					
SIGNATURE:  DATE: 1/28/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					