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Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90069 035 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021879

1. Entity Name
FALCON SOMI CORPORATION

Principal Place of Business	Mailing Address
15768 NW 4TH STREET PEMBROKE PINES, FL 33028	15768 NW 4TH STREET PEMBROKE PINES, FL 33028

01222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4400 SW 36 STREET	4400 SW 36 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FLORIDA	City & State: DAVIE, FLORIDA
Zip / Country	Zip / Country

4. FEI Number 02-0682982 ☐ 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, 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 [signature] DATE 1/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete
NAME	SOSA, FERNANDO J	
STREET ADDRESS	15768 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	☒ Change ☐ Addition
NAME	FERNANDO SOSA	
STREET ADDRESS	4400 SW 36 STREET	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #