

2005 FOR PROFIT CORPORATION ANNUAL REPORT

132

DOCUMENT # P04000028459

1. Entity Name
FALCORP, INC.



Principal Place of Business
717 PONCE DE LEON BLVD STE 215
CORAL GABLES, FL 33134

Mailing Address
717 PONCE DE LEON BLVD STE 215
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 526150

City & State

City & State
Miami, Florida

Zip

Country

Zip

Country

33152-6150

U.S.A.

07152005

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD STE 215
CORAL GABLES, FL 33134

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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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 IN 11

TITLE: D ☐ Delete
NAME: FERDIE, AINSLEE R
STREET ADDRESS: 717 PONCE DE LEON BLVD STE 215
CITY-STATE-ZIP: CORAL GABLES, FL 33134

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

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STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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 AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

July 29, 2005

305-445-3557

Date

Daytime Phone

MW

232

LAW OFFICES OF AINSLEE R. FERDIE

SUITE 215

717 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134-2048

TELEPHONE (305) 445-3557

TELECOPIER (305) 441-6401

E-MAIL: lawoffice@gate.net

AINSLEE R. FERDIE
STUART A. LONES

October 12, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

Document #P04000028459
Falcorp, Inc.

Document #L04000011171
5001 Hollywood, LLC

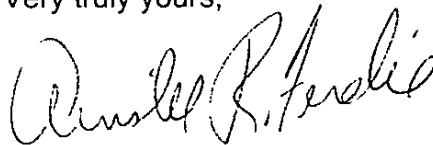
Dear Sir/Madam:

Our records show:

1. That forms were submitted in late July 2005 (copies attached)
2. Checks sent with forms were cashed by the State (copies attached)

Kindly check your records and vacate nunc pro tunc the dissolution or advise specifically why not. This is an exhaustion of administrative rights prior to suit.

Very truly yours,



AINSLEE R. FERDIE

ARF/rf
cc: 5001 Hollywood, LLC
Falcorp, Inc.