2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000146611 1. Entity Name FALCON LOCKSMITH, INC.



FILED Apr 06, 2007 08:00 Al Secretary of State

Principal Place of Business

2461 SW FALCON CIR

Mailing Address

2461 SW FALCON CIR

PORT ST LUC		PORT ST LUCIE, FL 34953		 	1 88 117 818 17 85 111 881 17 86 1	1900 KE BERTAN KERING BENJAWA BERTAN KERINGBAN KERINGBAN KERINGBAN KERINGBAN KERINGBAN KERINGBAN KERINGBAN KER	I		
D	O NOT WRITE II	CE	04032007 4. FEI Numb 03-054	No Chg-P	CR2E034 (11/05) Applied For Not Applic \$8.75 Additional Fee Required	r			
	5. Name and Address of Current Regis	stered Agent			***************************************				
2461 S.W. PORT ST.	MARC C OWNER FALCON CIR. LUCIE, FL 34953	DO NOT WRITE IN THIS SPACE							
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	d Agent signature require	ed when reinstating)		DATE			
, After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		5.00 May Be Ided to Fees						
10.	OFFICERS AND DIREC	CTORS							
ITTLE Name Street address City-St-Zip	PSTD GROSSE, MARC 2461 SW FALCON CIR PORT ST LUCIE, FL 34953				<u> </u>	0693409 -80039-009 150.00	`		
ITLE VAME Street Address City-St-Zip					U4/16/U/-	-8UU39-UU9 15U.UU			
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RITE			
ITILE Kame Street address Sity-St-Zip				IN T	THIS SF	PACE			
ITLE IAME STREET ADDRESS STY-ST-ZIP									
TILE IAME TREET ADDRESS HIY-SI-ZIP	arith that the information available in the								
indicated	ertify that the information supplied with this fi	in a coes not quality for the exe	HIPDOUS COUTSING	a in Unapter 119	, Honda Statutes, I	runner certify that the information	า		

riuicated 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: Marc Grasse	4/3/07	(772) 785- 9 082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Deta	Disytome Phone #