## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 31, 2008 08:00 Al Secretary of State DOCUMENT # P04000161511 1. Entity Name WAREHOUSES BY THE FALLS, INC. Mailing Address Principal Place of Business 12900 SW 89TH CT. 12900 SW 89TH CT. MIAMI, FL 33176 MIAMI, FL 33176 No Chg-P CR2E034 (11/05) 01282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2026061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable , (NOTE: Registered Agent signature required wh-9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GARCIA, ROLAND JR. 12900 SW 89TH CT. STREET ADDRESS MIAMI, FL 33176 U00000206308 CITY-ST-ZIP 02/06/08-00037-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

yos-231-3817

Davtime Phone #