



**2006 FOR PROFIT CORPORATION,  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90011 036 \*\*\*150.00

DOCUMENT # P05000024756			
1. Entity Name FALCON LIMITED, INC.			
Principal Place of Business 5255 NW 159TH ST MIAMI GARDENS, FL 33014		Mailing Address 5255 NW 159TH ST MIAMI GARDENS, FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIAMI CENTER REGISTERED AGENTS, LLC 201 S BISCAYNE BLVD 17TH FLOOR - MIAMI CENTER MIAMI, FL 33131		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and 906 if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P/S/D/C MARC IACOVELLI 5255 NW 159 STREET MIAMI, FLORIDA 33014	
		V/T TOM KRUSZEWSKI 5255 NW 159 STREET MIAMI, FLORIDA 33014	
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/15/06 (305) 908-5355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66021768



05032008 Chg-P CR2E034 (11/05)

4. FEI Number 20-2360463 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required