

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**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**



03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2360463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MIAMI CENTER REGISTERED AGENTS, LLC  
201 S BISCAYNE BLVD  
17TH FLOOR - MIAMI CENTER  
MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSDC
NAME	IACOVELLI, MARC
STREET ADDRESS	5255 NW 159 STREET
CITY-ST-ZIP	MIAMI, FL 33014

TITLE	VT
NAME	KRUSZEWSKI, TOM
STREET ADDRESS	5255 NW 159 STREET
CITY-ST-ZIP	MIAMI, FL 33014

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000693100  
04/16/07-80026-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07 (305) 908-5355  
Date Daytime Phone #