

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039579

Entity Name: FAILAT CORP.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON
SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON
SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2519260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON
SUITE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FAILLACE, ANTONIO LUIS
Address: DIAGONAL 109, NO. 11-55 APT. 905
City-St-Zip: BOGOTA, COLOMBIA,

Title: VTD () Delete
Name: FAILLACE, SILVIA
Address: DIAGONAL 109, NO. 11-55 APT. 905
City-St-Zip: BOGOTA, COLOMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO LUIS FAILLACE

PSD

04/25/2006

Electronic Signature of Signing Officer or Director

Date