
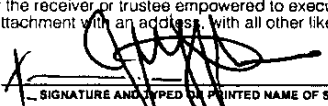


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 046 ***150.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P06000030869 1. Entity Name FALCON TRADE & FINANCE SERVICES INC. | | | |  | |
| Principal Place of Business 1170 N. FEDERAL HWY. APT. 812 FT. LAUDERDALE, FL 33304 | | | Mailing Address 1170 N. FEDERAL HWY. APT. 812 FT. LAUDERDALE, FL 33304 | | |
| 2. Principal Place of Business - No P.O. Box # 1170 N. Federal Hwy Suite, Apt. #, etc. 1003 | | 3. Mailing Address 1170 N. Federal Hwy. Suite, Apt. #, etc. 1003 | | | |
| City & State FT LAUDERDALE FL | | City & State FT LAUDERDALE FL | | 4. FEI Number 20-4433166 | |
| Zip 33304 | | Country BROWARD | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARCHINARES, FERNANDO R 1170 N. FEDERAL HWY. APT. 812 FT. LAUDERDALE, FL 33304 | | | | 7. Name and Address of Now Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARCHINARES, FERNANDO R 1170 N. FEDERAL HWY. APT. 812 FT. LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARCHINARES, FERNANDO R 1170 N. FEDERAL HWY 1003 FT LAUDERDALE FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | 3/11/08 786-333-7404 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |