

# 2008-FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 28, 2008 8:00 am  
Secretary of State

08-08-2008 90015 032 \*\*\*550.00

DOCUMENT # P07000108911

1. Entity Name  
FALCON SPECIALTIES INC.



Principal Place of Business  
2720 SW 37TH AVE.  
MIAMI, FL 33133

Mailing Address  
2720 SW 37TH AVE.  
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142008

Chg-P

CR2E034 (12/05)

4. FEI Number

26-1381155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODBREAD, MICHAEL E. JR.  
50 N. LAURA ST., SUITE 2200  
JACKSONVILLE, FL 32202

Name Ana Maria S. Ferrada

Street Address (P.O. Box Number is Not Acceptable)

FALCON SPECIALTIES INC

2720 SW 37 AVE

City

MIAMI

FL

Zip Code 33133

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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

7/23/08  
DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME AMIEL, PATRICK  
STREET ADDRESS 2720 SW 37TH AVE.  
CITY-ST-ZIP MIAMI, FL 33133

TITLE  
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* PATRICK AMIEL

07/16/08  
Date

305-442-8525  
Daytime Phone #