2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106297

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

N MIAMI BEACH, FL 33161

3390 FOXCROFT RD #203

MIRAMAR, FL 33125

GAYLE, PHILIP

() Delete

Entity Name: FALCONER BROTHERS ENTERPRISE, INC

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21211 NW 14TH PL #527 2280 E. PRESERVE WAY MIAMI GARDENS, FL 33169 #107 MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 20450 NW 32ND AVENUE 21211 NW 14TH PL #527 MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33056 FEI Number: 61-1506973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAYLE, PHILIP 3390 FÓXCROFT RD #203 MIRAMAR, FL 33125 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete Title: PCFO. (X) Change () Addition FALCONER, STEVE Name: Name: FALCONER, STEVE 21211 NW 14TH PL #527 2280 E. PRESERVE WAY #107 Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: MIRAMAR, FL 33025 Title: Title: () Delete (X) Change () Addition FALCONER, ROSE MARIE Name: Name: FALCONER, ROSE MARIE 21211 NW 14TH PL #527 2280 E. PRESERVE WAY #107 Address: Address: MIAMI GARDENS, FL 33169 MIRAMAR, FL 33025 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: WILLIAMS, NIGEL FALCONER, EARL Name: Name: 1155 NE 137 ST 1233 HAMPTON BLVD Address: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVE FALCONER CEO 06/29/2009

N. LAUDERDALE, FL 33068 US

() Change () Addition