

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060014

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** FALCON INSURANCE GROUP INC.

**Current Principal Place of Business:**

3900 NW 79 AVE  
#328  
MIAMI, FL 33166

**New Principal Place of Business:**

868 SE 9 AVE  
HIALEAH, FL 33010 UN

**Current Mailing Address:**

3900 NW 79 AVE  
#328  
MIAMI, FL 33166

**New Mailing Address:**

868 SE 9 AVE  
HIALEAH, FL 33010 UN

**FEI Number:** 45-2664055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDOZA, CHRISTINA  
3900 NW 79 AVE  
#328  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

MENDOZA, CHRISTINA  
868 SE 9 AVENUE  
HIALEAH, FL 33010 US

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: CHRISTINA MENDOZA

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MENDOZA, CHRISTINA M  
Address: 868 SE 9 AVE  
City-St-Zip: HIALEAH, FL 33010 UN

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA MENDOZA

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date