2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000047780 1. Entity Name FALCON PERSPECTIVES OF FLORIDA, INC.				Jan 27, 2004 08:00 AM Secretary of State	
Principal Place 16 HAMPTO PALM BCH.		Mailing Address 99 TULIP AVE STE, 305 FLORAL PARK NY 11001 US			
2. Principal Place of Business		3. Mailing Address		-	
Suite, Apt #, etc		Suite, Apt #, etc			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-0502125 Applied Fo Not Applie
Zıp	Country	Zip	Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Registered Agent
117	OSS, WILLIAM S 7 S.E. THIRD AVE. RT LAUDERDALE FL 33316	S-1197			P.O. Box Number is Not Acceptable)
				City	FL Zip Code
the obligat SIGNATURE .	lions of registered agent.	nt and title if applicable (NO		ad office or register	g. Election Campalgn Financing \$5.00 May! Trust Fund Contribution.
Make Checi	k Payable to Florida Department		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOMA, ELIZABETH A 40-11 166 ST. FLUSHING NY 11358	☐ Delete	TITLE NAM! STRE		U00000014854 01/27/04-80037-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete)	☐ Change ☐ Ad-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		3	☐ Change ☐ A'
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	1		☐ Change ☐ Art
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		.	☐ Change ☐ A.j.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	E EET ADDRESS -ST-ZIP	☐ Change ☐ A.i.
12. I hereby indicated of the co-changed	certify that the information supplied with a nothing report or supplemental report poration or the receiver or trustee en or or an attachment with an address	ith this filing does not qualify fit to the and accurate and that powered to execute this report with all other like empowered	or the exe my signa rt as requi d.	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or direct. Florida Statutes; and that my name appears in Block 10 or Block.

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Daytime Priorie #

Date