


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 PM 12:38

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|---|---|
| DOCUMENT # P96000079928 1. Entity Name FALCON PROPERTIES, INC. |  |
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| Principal Place of Business 848 BRICKELL AVENUE SUITE 810 MIAMI, FL 33131 | Mailing Address 848 BRICKELL AVENUE SUITE 810 MIAMI, FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 65-0805685 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LAMAR, LUIS 848 BRICKELL AVENUE, STE 810 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP D'AGOSTINO, FRANCO 848 BRICKELL AVE. STE. 810 MIAMI, FL 33131 |
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05/01/06--01019--024 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPE OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 305 3778333
Date Daytime Phone #

4/24/06