


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 015 ***158.75

DOCUMENT # P98000067527 1. Entity Name FRANK FALCON ENTERPRISES CORP.	
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Principal Place of Business 3230 S.W. 73RD AVENUE ROAD MIAMI, FL 33155	Mailing Address 3230 S.W. 73RD AVENUE ROAD MIAMI, FL 33155
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40004431



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0856402	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABAD, FRANK F 3230 SW 73 AVE RD MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PVST ABAD, FRANK F 3230 S.W. 73RD AVENUE ROAD MIAMI, FL 33155
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank Abad* 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #