

04/25/2006 11:41 3154378244

STF SERV:

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90083 050 ***150.00

DOCUMENT P990000116871. Entity Name **Falcon Arrow, Inc.**

Principal Place of Business

Mailing Address

1943 N.W. 97th Avenue
Miami, FL 331721943 N.W. 97th Avenue
Miami, FL 33172

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0895372** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

Arnold McDonald
1943 N.W. 97th Avenue
Miami, FL 33172**DO NOT WRITE
IN THIS SPACE**

6. 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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Arnold McDonald
STREET ADDRESS	1943 N.W. 97th Avenue
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 1305-585045