

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

**FILED**

11 MAY 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011687

1. Entity Name

FALCON ARROW, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

1943 NW 97 AVE

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

DORAL, FL

City & State

4. FEI Number

65-0895372

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ARNOLD McDONALD

Street Address (P.O. Box Number is Not Acceptable)

1943 NW 97 AVE

City

DORAL

FL

Zip Code

33172

**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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

5/4/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR's \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ARNOLD McDONALD  
1943 NW 97 AVE  
DORAL, FL 33172

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

100207208001  
05/04/11-01043-010 \*\*\*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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/4/11

305-593-5045

23