

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90215 009 ***150.00

DOCUMENT # P99000068866	
1. Entity Name M. FALLAS COLLECTION INC.	

Principal Place of Business 19999 W COUNTRY CLUB DRIVE AVENTURA, FL 33180	Mailing Address %DAVID L. LAURENCE P.A. 215 N. FEDERAL HIGHWAY DANIA BEACH, FL 33004
---	---



DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0991446	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 DAVID L. LAURENCE P.A. 215 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004

**DO NOT WRITE
IN THIS SPACE**

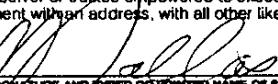
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLAS, MICHAEL #215 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004
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

4/6/07 305-9324700
Date Daytime Phone #