


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000079604**

1. Entity Name  
**FALLA, SMITH & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**600 GRAPETREE DR., UNIT 4-BS  
 KEU BISCAYNE, FL 33149**      **600 GRAPETREE DR., UNIT 4-BS  
 KEU BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



01032005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0994205**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FALLA, ENRIQUE  
 600 GRAPETREE DR., UNIT 4-BS  
 KEU BISCAYNE, FL 33149**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FALLA, ENRIQUE
STREET ADDRESS	600 GRAPETREE DR., UNIT 4-BS
CITY-ST-ZIP	KEU BISCAYNE, FL 33149
TITLE	VS
NAME	FALLA, LUCRECIA
STREET ADDRESS	600 GRAPETREE DR., UNIT 4-BS
CITY-ST-ZIP	KEU BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/07/05-80044-004 150.00

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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)(f), 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: Enrique C Falla      1/8/05      305-361-3044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/emo Phone #