


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 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 **600 GRAPETREE DR., UNIT 4-BS**
KEU BISCAYNE, FL 33149 **KEU BISCAYNE, FL 33149**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0994205	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000591655
 01/19/07-80031-024 150.00

10. OFFICERS AND DIRECTORS

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

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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 empowerment.

SIGNATURE: *Enrique Falla, President* Date: 1/18/07 Daytime Phone #: 305/361-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #