

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079604

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: FALLA, SMITH & ASSOCIATES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

600 GRAPETREE DR.  
SUITE # 4BS  
KEU BISCAYNE, FL 33149

## Current Mailing Address:

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

## New Mailing Address:

600 GRAPETREE DR.  
SUITE # 4BS  
KEU BISCAYNE, FL 33149

FEI Number: 65-0994205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FALLA, ENRIQUE  
600 GRAPETREE DR.  
SUITE # 4BS  
KEU BISCAYNE, FL 33149 US

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.

SIGNATURE: ENRIQUE C. FALLA

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: FALLA, ENRIQUE  
Address: 600 GRAPETREE DR., UNIT 4-BS  
City-St-Zip: KEU BISCAYNE, FL 33149

Title: VS ( ) Delete  
Name: FALLA, LUCRECIA  
Address: 600 GRAPETREE DR., UNIT 4-BS  
City-St-Zip: KEU BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: FALLA, ENRIQUE  
Address: 600 GRAPETREE DR. SUITE # 4-BS  
City-St-Zip: KEU BISCAYNE, FL 33149

Title: VS (X) Change ( ) Addition  
Name: FALLA, LUCRECIA  
Address: 600 GRAPETREE DR. SUITE # 4-BS  
City-St-Zip: KEU BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE C. FALLA

PT

01/07/2009

Electronic Signature of Signing Officer or Director

Date