2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002157

Entity Name: FAALAS INC.

FILED
Apr 02, 2013
Secretary of State
CC7392920440

Current Principal Place of Business:

C/O PRIMATE PRODUCTS, INC. 7780 NW 53RD STREET MIAMI, FL 33136-4102

Current Mailing Address:

C/O PRIMATE PRODUCTS, INC. 7780 NW 53RD STREET MIAMI, FL 33136-4102 US

FEI Number: 59-3164152 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADFORD, DONALD 7780 NW 53RD STREET MIAMI, FL 33136-4102 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title VP

Name CONKLE, FAITH Name CORMIER, STEPHANIE

Address 603 HIBERNIA OAKS DRIVE Address UNIVERSITY OF FLORIDA ANIM.

CARE SVCS.
City-State-Zip: FLEMING ISLAND FL 32003 CARE SVCS.
PO BOX 100006

y-State-Zip. PLEINING ISLAND PL 32003 PO BOX 100006

City-State-Zip: GAINESVILLE FL 32610-0006

Title SEC

Name TORRES, MONICA Title TRES

Address 12901 BRUCE B DOWNS BLVD, MDC Name MANETTA-SOTO, SANDI

20

City-State-Zip: TAMPA FL 33612 Address 12901 BRUCE B DOWNS BLVD

City-State-Zip: TAMPA FL 33612

Title BOT

Name SOTO, JOHN Title BOT

Address 13000 BRUCE B. DOWNS BLVD (151)

City-State-Zip: TAMPA FL 33612

Name FOX, ROXANNE

Address 3106 ARAPAHO ST.

City-State-Zip: SARASOTA FL 34231

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDI MANETTA-SOTO

TREASURER

04/02/2013