

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 002 ***150.00

DOCUMENT # P99000070961

1. Entity Name
FALLBROOK CAPITAL CORPORATION



Principal Place of Business
2716 NE 34TH STREET
FORT LAUDERDALE, FL 33306

Mailing Address
2716 NE 34TH STREET
FORT LAUDERDALE, FL 33306

14006799

2. Principal Place of Business
2509 NE 35th Drive
 Suite, Apt. #, etc.

3. Mailing Address
2509 NE 35th Drive
 Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale, FL
 Zip
33308
 Country
USA

City & State
Ft Lauderdale FL
 Zip
33308
 Country
USA

4. FEI Number
65-0941869
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BLANKEN, BRANDT
2716 NE 34TH STREET
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent
 Name
Blanken, Brandt
 Street Address (P.O. Box Number is Not Acceptable)
2509 NE 35th Drive
 City
Ft Lauderdale FL Zip Code
33308

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 *Bradt Blanken* **Bradt Blanken** **4-21-04**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE P	NAME BLANKEN, BRANDT	<input type="checkbox"/>
STREET ADDRESS	2716 NE 34TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE P	NAME Blanken, Brandt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	2509 NE 35th Drive		
CITY-ST-ZIP	Ft Lauderdale, FL 33308		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bradt Blanken* **Bradt Blanken** **4-21-04** **954-564-6722**
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)