2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 31, 2006 08:00 AM **DOCUMENT # F97000006558 Secretary of State** 1. Entity Name WALTER M. BUCHROEDER & SON, INC. Principal Place of Business Mailing Address 2372 MCDONALD AVE., 2ND FLR BROOKLYN NY 11223 2372 MCDONALD AVE. BROOKLYN NY 11223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 36-2070866 Not Applicat! Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDWARD E. LEVINSON P.A. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD PENTHOUSE SOUITHEAST MIAMI BEACH FL 33139 Zip Code City 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 Signature hypero or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rowstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May C 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Antini TITLE C Delete THLE NAME NAME SHELLEY, JOSEPH P JR U00000411070 STREET ADDRESS 2372 MCDONALD AVE STREET ADDRESS 02/09/06-80062-902 150.00 CITY-SI-78 CITY-ST-202 **BROOKLYN NY 11223** Delete Change Addition 1 TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-218 Change □ A...... ☐ Defete TITLE NAME \*\*AME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Aû TITLE Oefete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ A/\*\*\* 7771.5 Delete TOTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C) PY-ST-ZIP ☐ Ac " ☐ Channe TITLE ☐ Delete HILLE NAME NAME STREET ADDRESS STREET ADDRESS CNTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this high does not qualify for the exemptions contained in Section 119, Flonda 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 outh, that I am an officer or direction 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 1 if changed, or on an affaithment with an address, with all other like empowered.

Joseph P. Shelley JR

SIGNATURE

FILED

718-449-5700