

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 838970</b>	
1. Entity Name HIRAM WALKER-AV CO.	



FILED

07 MAY 17 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9350 SO. DIXIE HWY 1450 MIAMI, FL 33156 US	Mailing Address P.O. BOX 33006 DETROIT, MI 48232-5006 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <i>Robert Richard</i> <i>100 Manhattanville Rd</i> Suite, Apt. #, etc.
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City & State Purchase, N.Y.	City & State Purchase, N.Y.
Zip 10577	Country U.S.A.



05022007 Chg-P CR2E034 (12/06)

4. FEI Number 38-1586438	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>300103197773</i> <i>05/24/07--01028--001 **150.00</i> City FL Zip Code
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORD, MICHEL 777 WESTCHESTER AVE WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 4878 Levy-Suite 200 St. Laurent, Quebec H4R2P1, Canada <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, HAROLD 355 RIVERSIDE AVE WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 777 Westchester Avenue White Plains, N.Y. 10604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBET, ALAIN 777 WESTCHESTER AVE WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 100 Manhattanville Rd. Purchase, N.Y. 10577 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, MICHAEL 355 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lou LACERRA 100 Manhattanville Rd. Purchase, NY 10577 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LALLA, THOMAS R JR, ESQ 777 WESTCHESTER AVE WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 100 Manhattanville Rd Purchase, NY 10577 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCBRIDE, MAUREEN VPAGC 355 RIVERSIDE AVENUE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: <i>C. McElroy</i> C. McElroy, Asst Secretary	5-15-07	914-848-4680
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K. Eckel MAY 17 2007