


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # G10423 1. Entity Name WALTER PETROVICH INTERNATIONAL CORPORATION	
---	---

Principal Place of Business
**1100 SOUTH 56TH AVENUE
HOLLYWOOD, FL 33023**

Mailing Address
**1100 SOUTH 56TH AVENUE
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2284344	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**PETROVICH, WALTER L
4810 HARRISON STREET
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000540386
05/10/06-80016-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROVICH, ANDREW D 4810 HARRISON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETROVICH, WALTER L 4810 HARRISON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETROVICH, AMY B 4810 HARRISON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROVICH, CHRISTOPHER J 4810 HARRISON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROVICH, RICHARD L 4810 HARRISON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy B Petrovich
Amy Petrovich

April 24, 2006 **954-983-4511**
Date Daytime Phone #