

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # H75611 1. Entity Name WALMONT EXPORT & IMPORT INC.	
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Principal Place of Business 11104 S.W. 139TH CT. MIAMI, FL 33186	Mailing Address 11104 S.W. 139TH CT. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

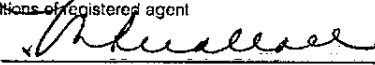


01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2610878	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCIA M. WALLACE 11104 S.W. 139 CT MIAMI, FL 33186	DO NOT WRITE IN THIS SPACE
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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

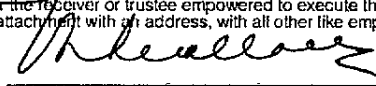
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, MARCIA M. 11104 S.W. 139 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, MARCIA LORENA 11104 S.W. 139 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80051-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **MARCIA WALLACE** 1/6/05 305-387-7346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #