

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # L39581

1. Entity Name  
WALKERSWOOD MARKETING N.A., INC.



Principal Place of Business  
6187 N.W. 167 STREET  
UNIV H 29  
MIAMI, FL 33015

Mailing Address  
6187 N.W. 167 STREET  
UNIV H 29  
MIAMI, FL 33015



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0264285

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CELIA DIXON-CHAMBERS  
20110 N.W. 9TH DRIVE  
PEMBROKE PINES, FL 33023

**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 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
DIXON-CHAMBERS, CELIA  
20110 NW 9TH DRIVE  
PEMBROKE PINES, FL 330205

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
BURKE, VIRGINIA  
21 CENTRAL AVE.  
KINGSTON 6 JAMAICA, WI

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MITCHELL, WOODROW  
BROMLEY WALKERSWOOD  
ST. ANN, JA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MCFARLANE, JOHN  
BROMLEY WALKERSWOOD  
ST. ANN, JA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RHODERICK, EDWARDS  
BRAMFIELD RD., WENHASTON  
HALESWORTH, SUFFOLK, UK

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000121030  
04/20/04-80032-024 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

305556 4715