

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90014 028 \*\*\*150.00

**DOCUMENT # P00000008941**

1. Entity Name  
**WALNET, INC.**



Principal Place of Business  
**1428 BRICKELL AVE.  
SUITE 105  
MIAMI, FL 33131 US**

Mailing Address  
**1428 BRICKELL AVE.  
SUITE 105  
MIAMI, FL 33131 US**

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1035565**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALPRYN, ERNEST M  
1428 BRICKELL AVE STE 105  
MIAMI, FL 33131**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HALPRYN, ERNEST M  
STREET ADDRESS 1428 BRICKELL AV 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VPD  
NAME HALPRYN, GLENN L  
STREET ADDRESS 1428 BRICKELL AV 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE S  
NAME HOERNER, JUDITH A  
STREET ADDRESS 1428 BRICKELL AV 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE T  
NAME WEISBERG, ALAN J  
STREET ADDRESS 1428 BRICKELL AV 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS  
NAME HURTADO, ELLISA  
STREET ADDRESS 1428 BRICKELL AV 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VP  
NAME DEVECCHI, SERGIO M  
STREET ADDRESS 1428 BRICKELL AV 105  
CITY-ST-ZIP MIAMI, FL 33131

**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:** **Ernest M. Halpryn, PD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/12/05 (305) 371-4112**

Date

Daytime Phone #