

FILED
Mar 24, 2006 8:00 am
Secretary of State

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02012006 Chq-P CR2E034 (11/05)

4. FEI Number 65-1035565	Applied For
	Not Applicable

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

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

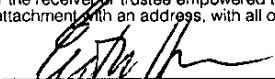
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALPRYN, ERNEST M	
STREET ADDRESS	1428 BRICKELL AV 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HALPRYN, GLENN L	
STREET ADDRESS	1428 BRICKELL AV 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOERNER, JUDITH A	
STREET ADDRESS	1428 BRICKELL AV 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEISBERG, ALAN J	
STREET ADDRESS	1428 BRICKELL AV 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HURTADO, ELLISA	
STREET ADDRESS	1428 BRICKELL AV 105	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEVACCHI, SERGIO M	
STREET ADDRESS	1428 BRICKELL AV 105	
CITY-ST-ZIP	MIAMI, FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  ERNEST M. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112

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