2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90372 005 ***150.00

DOCUMENT # P00000025096

1. Entity Name
THE WALL MANAGEMENT, CORP.

Principal Place of Business	Mailing Address
220 71ST ST., STE. 207 MIAMI BEACH, FL 33141	220 71ST ST., STE. 207 MIAMI BEACH, FL 33141

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 415342
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI BEACH FL
Zip / Country	Zip: 33141 / Country: USA

4. FEI Number: 65-0990832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE-LUIZ, ORLANDO
5161 COLLINS AVE, #706
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip 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

TITLE	PSD	☐ Delete
NAME	ORLANDO, DE-LUIZ	
STREET ADDRESS	5161 COLLINS AVE, #706	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VTD	☐ Delete
NAME	DE-FREITAS, CELSO R	
STREET ADDRESS	6969 COLLINS AVE, #709	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	☒ Change ☐ Addition
NAME	DE FREITAS, CELSO R.	
STREET ADDRESS	1615 WEST AVE # 204	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: X CELSO DE FREITAS 03.29.06 3058658180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #