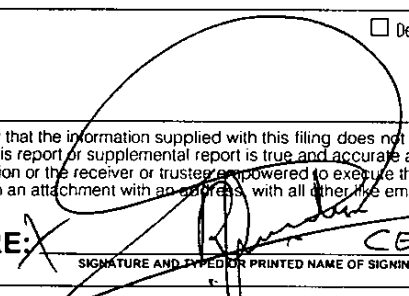


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 220 71ST ST., STE. 207 MIAMI BEACH, FL 33141			Mailing Address 220 71ST ST., STE. 207 MIAMI BEACH, FL 33141		
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		4. FEI Number 65-0990832	
Zip		Zip 33141		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03292006 Chg-P CR2E034 (11/05)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ORLANDO, DE-LUIZ 5161 COLLINS AVE, #706 MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DE-FREITAS, CELSO R 6969 COLLINS AVE, #709 MIAMI BEACH, FL 33141 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DE FREITAS, CELSO R. 1615 WEST AVE # 204 MIAMI BEACH, FL 33139 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 fee empowered.					
SIGNATURE: 			CELSO DE FREITAS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 03.29.06 Daytime Phone # 305 865 8180		