FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2003



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PO1000 105562 1. Corporation Name WALL MART, Inc.

SIGNATURE:

	FILED
Apr	11, 2003 8:00 am
	cretary of State

04-11-2003 90159 043 ***150.00

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•	lace of Business	Mailing Address	α. Δ				
	NW 26 Brend.		26 Avenue				
Hir	mi 7/2 33125	Mismi	97L 33125		DO NOT WRITE IN THI	IS SPACE	
				3. Date Incorpo	orated or Qualifed	,	
	Place of Business	2a. Mailing Address	1 129 Pln	4. FEI Number 65 - 1	154579	 	Applied Fo
- Suite, Ap	ot:#, otc.	Suite_Apt_#,_etc		5 Certificate of	Status Desired		Addition
22		27		5. Collinate 5 ,			Required
City & State City & State Plance Plance				Tours Sund C	ppaign Financing Contribution	•	May Be to Fees
Zip	Country	29 33182	Gountry USA	8. This corporat	ion owes the current year In		
4 53	5 182 25 USH	1591	30 74 14	Personal Proj	perty Tax. ddress of New Registered	☐ Yes Agent	□No
	9. Name and Address of Current		81 Name	0 . 1	Udless of New Augistored	- Aguin	
	RARDO BARR			Reinel	Mmaro		
7	201 NW 26 A.	ポ ヘッと	82 Street A	ddress (P.O. Box Numb) ところり	er is Not Acceptable)	1	
			83		19.191.29. +	·	
	MUMI FL 3:	725	84 City			85 Zip	Code
 		·		Muami	<u>FL</u>	<u>. 331</u>	<u> </u>
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida. Such change was a	uthorized by the ø6rpora	orporation submits this s ation's board of directors	tatement for the purpose of s. I hereby accept the appoin	changing its ntment as re	registere. igistered
agent. I a	am familiar with, and accept the obligatio	ns of, Section 607.0505, Flor	rida Stetutes.			Links	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registeed Agent signature requ	ulred when reinstaling)	O4	108/03	'
12	OFFICERS AND		13.		ANGES TO OFFICERS AN	D DIRECTO	RS IN 1:
TITLE ,	D	™ DELETE	1.1 TITLE			Change	☐ Adc
NAME	BARRIOS GERARDO		1.2 NAME				
STREET ADDRESS	201 NW 26 Admi		1.3 STREET ADDRESS				
TITLE	Mcomi 91 3318	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Adc
NAME	AMARO REYNER	C1 OFTER	22 NAME			□] Cuttingo	
STREET ADDRESS		, 00	2.3 STREET ADDRESS			•	
CITY-ST-ZIP	MUMMIC THE 33		2.4 CITY-ST-ZIP		======================================		
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STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Ada
}			6.2 NAME			TT Availing	
VAME			6.3 STREET ADDRESS				
TREET ADDRESS			6.4 CITY-ST-ZIP	•			
OTY-ST-ZIP	ertify that the information supplied with th	is filing does not qualify for the	 	Section 119.07(3)(i). Flo	rida Statutes. I further certif	y that the inf	ormatio
indicated o	in this annual report or supplemental and irector of the corporation or the receiver r Block 13 if changed, or on an attachme	ual report is true and accura or trustee empowered to exe	ite and that my signature cute this report-as regu	e shall have the same le	agal effect as if made under	oath; that I a	am an