


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90003 021 \*\*\*150.00

**DOCUMENT # P03000005985**

1. Entity Name  
**WALRO CORP.**



Principal Place of Business      Mailing Address

12635 S.W. 91 STREET      12635 S.W. 91 STREET  
 SUITE 208      SUITE 208  
 MIAMI, FL 33186      MIAMI, FL 33186

**94004080**



2. Principal Place of Business      3. Mailing Address

**1457 NW 107 AVE**      **6721 NW 107 COURT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#102**      **MIAMI**

01142004      Chg-P      CR2E034 (10/03)

City & State      City & State

**MIAMI FL**      **FL**

Zip      Country      Zip      Country

**FL 33186**      **FL 33178**

4. FEI Number      Applied For

**76-0723488**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FERRELL GROUP CORPORATE SERVICES, L.L.C.</b> 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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: *X [Signature]*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<b>PI</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WALTER LETTAU</b>			NAME			
STREET ADDRESS	<b>6721 NW 107 COURT</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>			CITY-ST-ZIP			
TITLE	<b>V/T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LAURA J. ROCA</b>			NAME			
STREET ADDRESS	<b>6721 NW 107 COURT</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *X [Signature]*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR