


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90038 012 \*\*\*150.00

**DOCUMENT # P04000041553**

1. Entity Name  
**WALTERVISION PRODUCTIONS, INC.**



Principal Place of Business: **9100 S DADELAND BLVD SUITE 905 MIAMI, FL 33156**

Mailing Address: **9100 S DADELAND BLVD SUITE 905 MIAMI, FL 33156**



2. Principal Place of Business - No P.O. Box #  
**801 NE 167 Street Suite 303**

3. Mailing Address:  
**801 NE 167 Street Suite 303**

05212008 Chg-P CR2E034 (12/06)

City & State: **North Miami Bch, FL**

Zip: **33162**

4. FEI Number: **26-0082039**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKULA, GUILLERMO**  
**9100 S. DADELAND BLVD #905 MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name: **---**

Street Address (P.O. Box Number is Not Acceptable):  
**801 NE 167 Street Suite 303**

City: **North Miami Bch FL** Zip Code: **33162**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when consistent) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

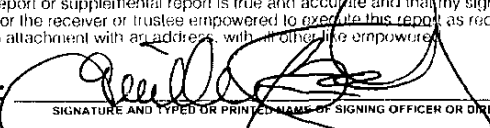
9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>BAKULA, GUILLERMO B</b>	
STREET ADDRESS: <b>9999 COLLINS AVE, # 142 A</b>	
CITY - ST - ZIP: <b>BAL HARBOUR, FL 33154</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY - ST - ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY - ST - ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY - ST - ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>801 NE 167 Street, Suite 303</b>	
STREET ADDRESS: <b>North Miami Bch, Fl. 33162</b>	
CITY - ST - ZIP: _____	
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: _____	
STREET ADDRESS: _____	
CITY - ST - ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 another, if empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_

Date: **5-27-08** Time: Phone: **305-572-9313**