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Secretary of State
04-29-2005 90184 022 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048559

1. Entity Name
WALNIC MANAGEMENT CO., INC.

50044929

Principal Place of Business	Mailing Address
1950 S. OCEAN DRIVE HALLANDALE, FL 33009	1950 S. OCEAN DRIVE HALLANDALE, FL 33009

04252005 Chg-P CR2E034 (10/02)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0896449 ☐ Applied For ☐ 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
JONES, STEVEN L 9999 NE 2ND AVENUE SUITE 216 MIAMI SHORES, FL 33138	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. The name and address of the registered agent and office must be typed or printed.

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEJNEGA, ZORIANNA		NAME	
STREET ADDRESS	1950 S. OCEAN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STASIW, MARK		NAME	
STREET ADDRESS	1950 S. OCEAN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TKACH, LESSIA		NAME	
STREET ADDRESS	1950 S. OCEAN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STASIW, ANDREW		NAME	
STREET ADDRESS	1950 S. OCEAN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: [signature] Ap 26/05
A SIGNATURE AND TYPED OR PRINTED NAME OF A SWORN OFFICER OR DIRECTOR Date Daytime Phone #