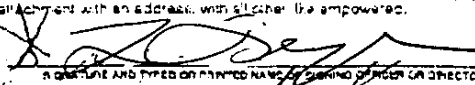


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90184 022 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000048559			
1. Entity Name WALNIC MANAGEMENT CO., INC.			
Principal Place of Business 1950 S. OCEAN DRIVE HALLANDALE, FL 33009		Mailing Address 1950 S. OCEAN DRIVE HALLANDALE, FL 33009	
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 Ordered ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, STEVEN L 9999 NE 2ND AVENUE SUITE 218 MIAMI SHORES, FL 33138		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 reports and office of registered agent, or both, in the State of Florida. (See form 9000 and account the obligations of registered agent)			
SIGNATURE _____ DATE _____ Signature, name or printed name of registered agent or person authorized to file this statement. (NOTE: Registered agent or person authorized to file this statement must be a resident of the State of Florida.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Distribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE	P	TITLE	Charge
NAME	DEJNEGA, ZORIANNA	NAME	Addition
STREET ADDRESS	1950 S. OCEAN DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE, FL 33009	CITY-STATE-ZIP	
TITLE	VP	TITLE	Charge
NAME	STASIW, MARK	NAME	Addition
STREET ADDRESS	1950 S. OCEAN DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE, FL 33009	CITY-STATE-ZIP	
TITLE	D	TITLE	Charge
NAME	TKACH, LESSIA	NAME	Addition
STREET ADDRESS	1950 S. OCEAN DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE, FL 33009	CITY-STATE-ZIP	
TITLE	D	TITLE	Charge
NAME	STASIW, ANDREW	NAME	Addition
STREET ADDRESS	1950 S. OCEAN DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE, FL 33009	CITY-STATE-ZIP	
TITLE		TITLE	Charge
NAME		NAME	Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	Charge
NAME		NAME	Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this form meets the requirements for the exemption stated in Section 119.07(3)(f), 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 or person empowered to execute this report as required by Chapter 657, 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: 		APR 26/05	
A SIGNATURE AND TYPES ON PRINTED NAME OF DIRECTOR OR OFFICER		Date	