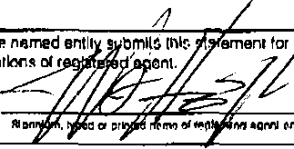
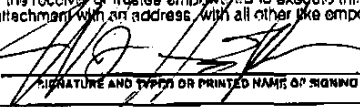


FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90017 013 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000111769			
1. Entity Name W.A.L.K INTERNATIONAL COURIER, CORP.			
Principal Place of Business 7790 NW 114 PL MIAMI, FL 33178		Mailing Address 8231 NW 107TH CT SUITE 2 MIAMI, FL 33178	
2. Principal Place of Business - No P.O. Box # 4995 NW 72 AV Suite, Apt. #, etc. # 406.		3. Mailing Address 4995 NW 72 Ave. Suite, Apt. #, etc. # 406	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country	Zip 33166	Country
4. FEI Number 20-1435192		Applied For Not Applicable	
5. Certificate of Status Deemed ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, WALTER 8231 NW 107TH CT SUITE 2 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: Gonzalez walter Street Address (P.O. Box Number is Not Acceptable) 4995 NW 72 Av Suite 406 City: MIAMI FL Zip Code: 33166	
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:  DATE: 05-01-07 (Name, title, or printed name of entity agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, WALTER 8231 NW 107TH CT SUITE 2 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gonzalez walter 4995 NW 72 Av Suite 406 FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 supplements/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: 		DATE: 05-01-07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	

40114438



05012007 Chg-P CR2E034 (12/06)