05/01/2007 06:26 3054851098 BERRIZ&GIRALI

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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.

40114438

Principal Place of Business	Mailing Address
7790 NW 114 PL MIAMI, FL 33178	8231 NW 107TH CT SUITE 2 MIAMI, FL 33178

05012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4995 NW 72 AV	4995 NW 72 Ave.
Suite, Apt. #, etc. #406.	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 Desired ☐ $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 [signature] 05-01-07.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	GONZALEZ, WALTER		NAME	Gonzalez Walter	
STREET ADDRESS	8231 NW 107TH CT SUITE 2		STREET ADDRESS	4995 NW 72 AV Suite 406	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI Fl 33166	
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		
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		
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 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 all other like empowered.

SIGNATURE: [signature] 05-01-07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #