

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90168 047 ***150.00

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DOCUMENT # P04000111769 1. Entity Name W.A.L.K INTERNATIONAL COURIER, CORP			
Principal Place of Business 4995 NW 72 AVE #406 MIAMI, FL 33166		Mailing Address 4995 NW 72 AVE #406 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 4815 NW 79AV Suite, Apt. #, etc. #5		3. Mailing Address 4815 NW 79AV Suite, Apt. #, etc. #5	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166 Country US		Zip 33166 Country US	
6. Name and Address of Current Registered Agent GONZALEZ, WALTER 4995 NW 72 AVE SUITE 406 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name GONZALEZ WALTER Street Address (P.O. Box Number is Not Acceptable) 4815 NW 79AV #5 City MIAMI State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 4995 NW 72 AV STE 406 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 4/28/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	