

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 042 ***150.00

DOCUMENT # P05000096839

1. Entity Name
WALTER MACHADO INC.



Principal Place of Business Mailing Address
~~20131 SW 112TH PLACE~~ ~~20131 SW 112TH PLACE~~
~~MIAMI, FL 33189~~ ~~MIAMI, FL 33189~~

40074001



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
690 W. PARK DRIVE **690 W. PARK DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
#104 **#104**
City & State City & State
MIAMI, FL **MIAMI, FL**
Zip Country Zip Country
33172 **US** **33172** **US**

03142007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3148924 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MACHADO, WALTER
~~2756 SW 11 STREET~~
~~APT. 4~~
~~MIAMI, FL 33135~~

7. Name and Address of New Registered Agent
Name **MACHADO, WALTER**
Street Address (P.O. Box Number is Not Acceptable) **690 W. PARK DRIVE, #104**
City **MIAMI** FL Zip Code **33172**

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]* DATE **3/14/07**

(NOTE: Registered Agent signature required when reinstating)

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	VP MACHADO, WALTER 2756 SW 11 STREET APT. 4 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P MACHADO, WALTER 690 W PARK DRIVE #104 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARISOL, MORENO 2756 SW 11 STREET APT. 4 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* DATE **3/14/07** 305-528-8099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR