

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104199

Entity Name: WALTER ROLLE INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

9100 NW 23RD AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

9100 NW 23RD AVENUE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-3210163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLE, WALTER
9100 NW 23RD AVENUE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROLLE, WALTER
Address: 9100 NW 23RD AVENUE
City-St-Zip: MIAMI, FL 33147

Title: V-P () Delete
Name: ROLLE, YOLANDA
Address: 9100 NW 23RD AVENUE
City-St-Zip: MIAMI, FL 33147

Title: V-P () Delete
Name: ROLLE, EVA
Address: 9100 N.W.23RD. AVE
City-St-Zip: MIAMI, FL 33147

Title: V-P () Delete
Name: CRAIG, TAURUS
Address: 9100 N.W.23RD AVE
City-St-Zip: MIAMI, FL 33147

Title: TRES () Delete
Name: ROLLE, KOURTNEY
Address: 9100 N.W.23RD. AVE
City-St-Zip: MIAMI, FL 33147

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V-P (X) Change () Addition
Name: ROLLE, KOURTNEY
Address: 9100 N.W.23RD. AVE
City-St-Zip: MIAMI, FL 33147

Title: V-P () Change (X) Addition
Name: CLARK, DESMOND
Address: 9100 N.W. 23RD. AVE.
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA ROLLE

V-P

04/30/2009

Electronic Signature of Signing Officer or Director

Date