FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90002 010 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000122951

1. Entity Name
WALTERVISION, INC.

40108891

Principal Place of Business	Mailing Address
9100 S. DADELAND BLVD. ONE DATRAN CENTER SUITE # 905 MIAMI, FL 33156	9100 S. DADELAND BLVD. ONE DATRAN CENTER SUITE # 905 MIAMI, FL 33156
2. Principal Place of Business - No P.O. Box #: 801 NE 167 Street	3. Mailing Address: 801 NE 167 Street
Suite, Apt. #, etc.: 303	Suite, Apt. # etc.: 303
City & State: North Miami Beach, Fl	City & State: North Miami Beach, Fl
Zip: 33162 Country: USA	Zip: 33162 Country: USA

06172008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1409048 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, GUILLERMO 10729 S.W. 104TH STREET MIAMI, FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKULA, GUILLERMO 9100 S. DADELAND BLVD # 905 MIAMI, FL 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 801 NE 167 St, Suite 303 North Miami Bch, Fl. 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTON, MARTIZA 9100 S. DADELAND BLVD # 905 MIAMI, FL 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 801 NE 167 St Suite 303 North Miami Bch, Fl. 33162
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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: ____ 6.17.08 305-572-9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #