
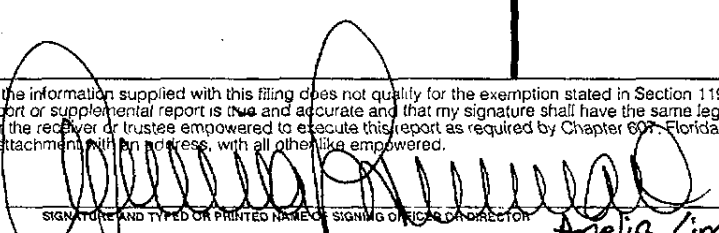


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

|   |  |  |
|---|--|--|
| <b>DOCUMENT # P94000009279</b>  |  |                                   |
| 1. Entity Name<br>WALKER AND COHEN, INC.  |  |  |
| Principal Place of Business<br>3518 NW 36 ST<br>MIAMI, FL 33142 US  | Mailing Address<br>3518 NW 36 ST<br>MIAMI, FL 33142 US |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |  |
|   |  | 04062005 No Chg-P CR2E034 (10/03)  |
|   |  | 4. FEI Number<br>65-0567711  |
|   |  | Applied For<br>Not Applicable  |
|   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                |
| 6. Name and Address of Current Registered Agent   |  |  |
| DORCHAK, KENNETH J<br>11900 BISCAYNE BLVD.<br>N. MIAMI, FL 33181  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>LINARES, AMELIA<br>3518 NW 36 ST<br>MIAMI, FL     | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>COLLAZO, HIRAM<br>3518 NW 36 ST<br>MIAMI, FL      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:    |  | 4/16/05 305-591-3095<br>Date Daytime Phone #   |