

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078575

FILED
Jan 30, 2011
Secretary of State

Entity Name: WALSI INSURANCE CORPORATION

Current Principal Place of Business:

5401 COLLINS AVENUE
925
MIAMI BEACH, FL 331401432 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 403432
MIAMI BEACH, FL 331401432 US

New Mailing Address:

FEI Number: 65-0539764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRENZEL, WALTER
5401 COLLINS AVE
#925
MIAMI BEACH, FL 33140 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHRENZEL, WALTER
Address: 5401 COLLINS AVE #925
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD
Name: SCHRENZEL, SILVIA
Address: 5401 COLLINS AVE #925
City-St-Zip: MIAMI BEACH, FL 33140

Title: S
Name: BARROW, RUTH
Address: 12725 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: WALTER SCHRENZEL

PD

01/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date