## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT Mar 19, 2007 08:00 AM **DOCUMENT # P97000087733 Secretary of State** 1. Entity Name COUNTRY WALK LADY, INC. Principal Place of Business Mailing Address 13300 SW 128 ST 15417 SW 137 AVE MIAMI, FL 33177 MIAMI, FL 33186 CR2E034 (11/05) 01292007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0788423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALADARES, ALEXANDER DO NOT WRITE 1300 SW 128TH ST. MIAMI, FL 33136 IN THIS SPACE 8. The above named ontity 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE MARCELO-ROBAINA, MAGDA NAME 3459 S.W. 113 PL STREET ADDRESS CITY-ST-ZIP MIA, FL 33165 VTD TITLE 000000672002 03/28/07-80052-003 150.00 VALIADARES, ALEXANDER NAME STREET ADDRESS 1300 SW 128TH ST. CITY-ST-ZIP MIAMI, FL 33136 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TURE AND THEE OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07 305-971-2050

Daytime Phone #

FILED