


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000074771
 1. Entity Name
 WALNUT STATION, INC.



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|---|---|
| Principal Place of Business 215 BEACH 147 STREET NEPONSIT, NY 11694 | Mailing Address 215 BEACH 147 STREET NEPONSIT, NY 11694 |
|---|---|

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-1128273 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LAMBERTUS, ARTHUR W
 2929 E. COMMERCIAL BOULEVARD
 SUITE 604
 FORT LAUDERDALE, FL 33308

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROTHSTEIN, J P 101 WOOSTER STREET #3F NEW YORK, NY 10012 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CINCOTTA, DOROTHY 215 BEACH 147 STREET NEPONSIT, NY 11694 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/20/04-80023-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorothy Perry - Cincotta 1/13/04 718-318-2950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOROTHY PERRY - CINCOTTA Date Daytime Phone #