


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**


03-02-2006 90008 022 \*\*\*150.00

<b>DOCUMENT # F02000003507</b> 1. Entity Name <b>WEALTH AND TAX ADVISORY SERVICES, INC.</b>	
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Principal Place of Business <b>452 FIFTH AVE. NEW YORK, NY 10018</b>	Mailing Address <b>452 FIFTH AVE. NEW YORK, NY 10018</b>
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**DO NOT WRITE IN THIS SPACE**

400000



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0719088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
% CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CP KYRAZI, ADRIAN 101 SECOND STREET, STE. 700 SAN FRANCISCO, CA 94105</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M MACPHERSON, RANDOLPH G 777 S FLAGLER DRIVE, # 1700-W WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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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 persons empowered.

SIGNATURE:  **2-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_