

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004488

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: WALL STREET FINANCIAL CORPORATION

**Current Principal Place of Business:**

75 LANE RD  
FAIRFIELD, NJ 07004

**New Principal Place of Business:**

**Current Mailing Address:**

75 LANE RD  
FAIRFIELD, NJ 07004

**New Mailing Address:**

FEI Number: 22-2927643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INFANTE, NATALIE  
183 SOUTH STATE RD 7  
MARGATE, FL 33068 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOSTAFA, KHALED  
Address: 21 OLD WOODS RD  
City-St-Zip: SADDLE RIVER, NJ 07458

Title: S ( ) Delete  
Name: CARKHUFF, CHRISTOPHER J ESQ  
Address: 211 BENDERMEER AVE  
City-St-Zip: INTERLAKEN, NJ 07712

Title: T ( ) Delete  
Name: RAFFA, JOHN F  
Address: 227 W. SADDLE RIVER RD  
City-St-Zip: SADDLE RIVER, NJ 07458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOSTAFA, KHALED  
Address: 27 DENISON DR.  
City-St-Zip: SADDLE RIVER, NJ 07458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN F. RAFFA

T

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date