

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 041 ***150.00

DOCUMENT # L03510 1. Entity Name WALL STREET FOR MEN, INC.					
Principal Place of Business C/O JEAN ABRAHAM 8201 S. TAMiami TRAIL SARASOTA, FL 34238 US			Mailing Address C/O JEAN ABRAHAM 8201 S. TAMiami TRAIL SARASOTA, FL 34238 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0138206	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAHAM, JEAN 585 10TH STREET EAST PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name ABRAHAM, JEAN Street Address (P.O. Box Number is Not Acceptable) 4640 32ND CT. EAST City BRADENTON , FL Zip Code 34203	
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: <u><i>Jean Abraham</i></u> DATE: <u>2/13/07</u> <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABRAHAM, JEAN 4640 32ND CT. E. BRADENTON, FL 34203	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 like empowered.			SIGNATURE: <u><i>Jean Abraham</i></u> DATE: <u>2/13/07</u> DAYTIME PHONE: <u>941-730-9200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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01102007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable