## 2008 FOR PROFIT CORPORATION

## Jan 17, 2008 8:00 am Secretary of State ANNUAL REPORT 01-17-2008 90027 039 \*\*\*150.00 DOCUMENT #L03510 1. Entity Name WALL STREET FOR MEN, INC. Principal Place of Business Mailing Address C/O JEAN ABRAHAM C/O JEAN ABRAHAM 8201 S. TAMIAMI TRAIL 8201 S. TAMIAMI TRAIL SARASOTA, FL 34238 SARASOTA, FL 34238 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0138206 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRAHAM, JEAN Street Address (P.O. Box Number is Not Acceptable) **4640 32ND CT EAST** BRADENTON, FL 34203 City Zip Code 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. 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 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition ABRAHAM, JEAN NAME NAME STREET ADDRESS 4640 32ND CT E. STREET ADDRESS BRADENTON, FL 34203 CITY - ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition ABRAHAM, JEAN NAME STREET ADORESS 4640 32ND CT. E. STREET ADDRESS CITY - ST - ZIP BRADENTON, FL 34203 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X

TITLE

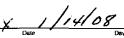
NAME

STREET ADDRESS

CITY-ST-ZIP

aham

☐ Defete



FILED

Daytime Phone #

Change

☐ Addition