FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90197 024 ***150.00

DOCUMENT # POOOOO 1044 R

Wallstreet-Review, Inc.

SIGNATURE: _

DO NOT WRITE IN THIS SPACE				B0134976	
2. Principal	Place of Business	3. Mailing Address	1 (1.1		
Suite, Apt. #, etc.		7491 N. Federa Hish way Suite, Apt. 1, etc. # C.5-260		DO NOT WRITE IN THIS SPACE	
City & State		Bora Roton	FI	4. FELNumber 65 107 1853	Applied For Not Applicable
Zip	Country	33487-1625	Country VSH	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	DO NOT W		Name Jey Street Address (f	7. Name and Address of Current Registere F Dok/ .O. Box Number is Not Acceptable) 5. Occon BULL CIBC	
8. The above	e named entity submits this statement	for the purpose of changing its re-	City	land Brock FL ed agent, or both, in the State of Florida.	33987
SIGNATURE	Jeff Dak		Quik	Cal 81	19/02
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so, irla on back)	e January 1 - May After May 1, Amended U Make Check Payable	1 Fee is \$150,00 Fee is \$550.00 Fee is \$550.00 BR is \$61.25 to Department of State	ntent refutating) DA.€ 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	President / Director JEST Dony 1491 N. Federal High Boca Raton Fl Perelony / Director E Roy Broad bent	May C5-260 33487-1625	DIEE NAME STREET MORE'S CITY-SE-26*		
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	879 Highway of Mutchez ms Nutchez ms Peter Nardongeli 4319 Valanna Dri Builington, Ontorio	logth 39120 Dirctorg	STREET ADDRESS GTV, ST ZIP TITLE NAME STREET ADDRESS GTV, ST, ZIP	DO NOT WRI	TE
TITLE Name Street address City-St-Zip	Director Denais R. Ickes 4257 S. Panorama Solt Lake Gity UT		TITLE NAME. STREET ACCRESS CITY ST 21P	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald Park 8790 Bive Jay Lan Salt Lake GL, U	t :: T 84121	NAME STREET ADDRESS CITY ST. 2P		
name Street address City-St-Zip	,		TITLE NAME STREET ADDRESS DITY: \$1: 70P		
 I hereby condicated of the conditachmen 	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp it with an address, with all other like emp	this filing does not qualify for the true and accurate and that my sign owered to execute this report as appropried.	exemption stated in Secti gnature shall have the sar required by Chapter 607,	ion 119.07(3)(i), Florida Statutes. I further certi ne legal effect as if made under oath; that I ar Florida Statutes; and that my name appears	fy that the information n an officer or director in Block 11 or on an