2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000080342** 08-10-2004 90001 011 ***150.00 WALL STREET OF CHARLOTTE, INC. Mailing Address Principal Place of Business 26176 ARGENTINA 26176 ARGENTINA PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 2. Principal Place of Business 3. Mailing Address 18700 VETERANS BLUD Suite, Apt. #, et 08062004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For 75-312738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent OAKS, DAVID K ESQ. DAVID K, OAKS, P.A. 407 E MARION AVE STE 101 PUNTA GORDA, FL 33950 1-180-1 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 the obligations of registered agent. GHASOUNT 9. Election Campaign Financing \$5.00 May Be FILE NOWIJ FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPST IIILE ☐ Delete IIILE KATTY, GHASOUN I MALE MALKE 700 VETERANS BLVD, UNIT#7 STREET ADDRESS 26053 EUREKA DR STREET ADDRESS CITY-ST-ZIP WARREN, MI 48091 CITY-ST-ZIP Delete: MILE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change MALES. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. DITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



WALL STREET OF CHARLOTTE, INC. 18700 VETERANS BLVD, UNIT #7 PORT CHARLOTTE, FL 33954

Aug 2, 2004

Dear Sir or Madam,

This letter is to inform you that I never received a copy of my Annual Report or any postcard notice from you concerning my annual report.

Please accept my check for \$150.00 and please abate the penalty. since this would be a hardship for me to pay.

I am enclosing a check and my Annual Report. I now know to expect to file this report in the first months of the year.

Sincerely,

GHASOUNI KATTY

President