

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 008 ***150.00

DOCUMENT # P03000094114

1. Entity Name
WALLSTREET FINANCIAL TRADING, INC.



Principal Place of Business
102 SADDLE TRAIL
ROYAL PALM BEACH, FL 33411

Mailing Address
102 SADDLE TRAIL
ROYAL PALM BEACH, FL 33411

24071093



2. Principal Place of Business
477 S. ROSEMARY AVE
Suite, Apt. #, etc.
STE 228
City & State
WEST PALM BEACH, FL
Zip
33401

3. Mailing Address
477 S. ROSEMARY AVE
Suite, Apt. #, etc.
STE 228
City & State
WEST PALM BEACH, FL
Zip
33401

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
71-0957625

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICRISI, JOSEPH C
102 SADDLE TRAIL
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 JOSEPH DICRISI
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/28/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D DICRISI, JOSEPH C 102 SADDLE TRAIL ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: JOSEPH DICRISI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/28/04
Daytime Phone # 561-385-7371