

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 031 ***158.75

DOCUMENT # P03000094114 1. Entity Name WALLSTREET FINANCIAL TRADING, INC.			
Principal Place of Business 477 S ROSEMARY AVE STE 228 WEST PALM BEACH, FL 33401		Mailing Address 477 S ROSEMARY AVE STE 228 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 2049 Polo gardens dr. Suite, Apt. #, etc. Dr Apt 204		3. Mailing Address 2049 Polo gardens Dr. Suite, Apt. #, etc.	
City & State Wellington, FL 33414 Zip Country		City & State Wellington, FL 33414 Zip Country	
4. FEI Number 71-0957625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 JOSEPH D'ICRISI Street Address (P.O. Box Number is Not Acceptable) 2049 Polo gardens Dr Apt 204 City Wellington, FL Zip Code 33414	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D DICRISI, JOSEPH C 102 SADDLE TRAIL ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D'ICRISI, JOSEPH 2049 Polo gardens Dr Apt 204 Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICRISI JOSEPH C 2049 Polo gardens dr Apt 204 Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-21-05 561-385-7371 Date Daytime Phone #	