

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P20342 1. Entity Name WALL STREET MONEY CENTER CORP.					
Principal Place of Business 2385 EXECUTIVE CENTER DRIVE 100 BOCA RATON FL 33431 US			Mailing Address 9 LAKEVILLE LANE SUITE 190 PLAINVIEW NY 11803 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2684310	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRUNO, PETER 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 terminating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PSD BRUNO, PETER 5889 N.W. 34TH WAY BOCA RATON FL 33496		<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 address, with all other like empowered.					
SIGNATURE: PETER BRUNO 3-2-06 561-962-25					