## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT # P97000071003** FILED 04 JUN 24 PN 12: 12 WALLSTREET ELECTRONICA, INC. SECRETARY OF STATE TALLAHASSEF, FLORIDA Principal Place of Business Mailing Address 7242 SW 42ND TERR. 7242 SW 42ND TERR. MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06222004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0808007 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OTALVARO, CARLOS F Street Address (P.O. Box Number is Not Acceptable). 7242 SW 42ND TERR. MIAMI, FL 33155 \*\*61.25 06/29/04--01021--016 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. XXChange ☐ Addition TITLE ☐ Detete TITLE Otalvaro, Carlos Francisco NAME OTALVARO, CARLOS F NAME 7242 SW 42ND TERR. STREET ADDRESS STREET ADD SS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP Addition ☐ Delete TITLE VР Change TITLE Otalvaro, Carlos Noe 7242 SW 42nd Terrace Miami, FL 33155 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance X Addition TITLE Õtalvaro, Antonio 7242 SW 42nd Terrace NAME NAME STREET ADDRESS STREET ADDRESS Miami, FL 33155 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does for 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 accorded 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 employment to secure 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 add er like empowered. Otalvaro 6/W Carlos F SIGNATURE: SIGNATURE AND ED NAME OF SIGNING OFFICER OR DIRECTOR