P99000056171

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 24 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000056171

1. Entity Name
WALLSTREET-REVIEW FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
11924 FOREST HILL BLVD, STE 22-204 WELLINGTON, FL 33414	11924 FOREST HILL BLVD, STE 22-204 WELLINGTON, FL 33414

02-22-05 01001 013 $150.00
02222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1007 N Federal Hwy		1007 N Federal Hwy	
Suite, Apt. #, etc. D-6		Suite, Apt. #, etc. D 6	
City & State Ft Lauderdale		City & State Ft Lauderdale	
Zip FL	Country US	Zip FL	Country US

4. FEI Number 65-0929456 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DWYER, MATTHEW P
11924 FOREST HILL BLVD, STE 22-204
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name Matthew P. Dwyer
Street Address (P.O. Box Number is Not Acceptable) 2045 N. Federal Hwy Suite 3
City Pompano Beach FL Zip Code 33064

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 Pres Matthew P. Dwyer 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $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 DWYER, MATTHEW P 11924 FOREST HILL BLVD, STE 22-204 WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Matthew P. Dwyer 1007 N. Federal Hwy D 6 Fort Lauderdale FL 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00004705927U 02/22/05--01001--013 **937.50	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Matthew P. Dwyer 4/22/05 954 323-2516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #