2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000005957

SANFORD, FL 32771

City-St-Zip:

Entity Name: EQUIETA CORP.

FILED Dec 17, 2007 Secretary of State

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Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
3511 SILVERSIDE ROAD,				195 WEKIVA SPRING ROAD	
STE ,105			STE,200		
WILMINGTON, DE 19810			LONGWOOD, FL	LONGWOOD, FL 32779	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
3511 SILVERSIDE ROAD,			195 WEKIVA SPF	195 WEKIVA SPRING RD	
STE, 105			STE, 200		
WILMINGTON, DE 19810			LONGWOOD, FL 32779		
FEI Number	: 51-0449732	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
1406 BRIS HEATHRO	STEPHEN A STOL PARK PL DW, FL 32746	US	purpose of changing its regi	stered office or registered agent, or both,	
	e of Florida.	domino tino otatement for the	purpose of changing its regi	stered emice of registered agent, or betti,	
SIGNATU	RF.				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:	. ,	Delete	Title:	() Change () Addition	
Name:	PARRIS, STEPI		Name:		
Address: City-St-Zip:	1406 BRISTOL HEATHROW, FI		Address: City-St-Zip:		
T:41=.	VD ()	Delete	Title	() Change () Addition	
Title: Name:	VP () DAVID, ORTIZ	Delete	Title: Name:	() Change () Addition	
Address:	304 E GREENT	REE LANE	Address:		
City-St-Zip:	LAKE MARY, FI		City-St-Zip:		
Title:	ST ()	Delete	Title:	() Change () Addition	
Name:	PARRIS, WANE		Name:	()	
Address:	4601 CHELSEA		Address:		
City-St-Zip:	TITUSVILLE, FL		City-St-Zip:		
Title:	P ()	Delete	Title:	() Change () Addition	
Name:	ALIPIO, ORTIZ		Name:	· / · · · · · · · · · · · · · · · · · ·	
Address:	855 OAKBRANG	CH C	Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEPHEN PARRIS P 12/17/2007