


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90068 011 ***150.00

DOCUMENT # H96622	
1. Entity Name EQUIFLOR CORPORATION	

Principal Place of Business 4405 NW 97 AVE MIAMI, FL 33178	Mailing Address C/O NICOLAS TRUJILLO 4405 NW 97 AVE MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2703775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, NICOLAS F
4405 NW 97TH AVENUE
MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIORGINI, VICTOR R 4405 NW 97 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARANDES, ANTHONY 2120 SW 55 STREET ROAD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JAMES M 1 GROVE ISLE DR., SUITE 1202 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARRERO, RAUL 4405 N.W. 97TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULZ, PETER 801 PINE CREEK LANE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, NICOLAS F 4405 NW 97TH AVE MIAMI, FL

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicolas F. Trujillo*

02-11-05 305-594-4445