

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96622

FILED
Apr 14, 2008
Secretary of State

Entity Name: EQUIFLOR CORPORATION

Current Principal Place of Business:

4405 NW 97 AVE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

C/O AERLIM DIAZ
4405 NW 97 AVE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 59-2703775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GIORGINI, VICTOR R
Address: 4405 NW 97 AVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: SARANDES, ANTHONY
Address: 2120 SW 55 STREET ROAD
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: SCHMIDT, JAMES M
Address: 1 GROVE ISLE DR., SUITE 1202
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete
Name: MARRERO, RAUL
Address: 4405 N.W. 97TH AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SHULTZ, PETER
Address: 801 PINE CREEK LANE
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: TRUJILLO, NICOLAS F
Address: 4405 NW 97TH AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NT

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date