## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT #K13678** 04-28-2005 90156 028 \*\*\*150.00 1. Entity Name EQUIP'HOTEL, INC. 130 Principal Place of Business Mailing Address P 0 BOX 297260 20709 NW 1ST STREET PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 32029 HS 2. Principal Place of Business 3. Mailing Address 17031 S.W. 49 Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0027096 Not Applicable S.W. Ranches, FL Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required <u> 33331</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POUCET, NATALIE MITCHELL Street Address (P.O. Box Number is Not Acceptable) 17031 S.W. 49 Street 5901 NW 151 ST 202 MIAMI LAKES, FL 33014 CityS.W. Zip Cods 1 Ranches 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 9.-Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VSD TITLE ☐ Defete TITLE Change ☐ Addition POUCET, FRANCOIS NAME NAME 17031 S.W. 49 Street STREET ADDRESS 20709 NW FIRST ST STREET ADDRESS S.W. Ranches, FL 33331 PEMBROKE PINES, FL 33029 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition POUCET, NATALIE MITCHELL NAME NAME 17031 S.W. 49 Street STREET ADDRESS 20709 NW FIRST ST STREET ADDRESS S.W. Ranches, FL 33331 CITY-ST-ZIP PEMBROKE PINES, FL 33029 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME LLANG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED