

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95685

FILED
May 15, 2008
Secretary of State

Entity Name: VESTIN EQUITY CORPORATION

Current Principal Place of Business:

930 S STATE RD 7
FORT LAUDERDALE, FL 33317

New Principal Place of Business:

3389 SHERIDAN STREET
313
HOLLYWOOD, FL 33021

Current Mailing Address:

930 S STATE RD 7
FORT LAUDERDALE, FL 33317 US

New Mailing Address:

3389 SHERIDAN STREET
313
HOLLYWOOD, FL 33021 US

FEI Number: 65-0221927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINTRAUB, PETER B
2650 N MILITARY TTL #150
BOCA RATON, FL 33431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STERN, BEN Z
Address: 930 S ST RD #7
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STERN, BEN Z
Address: 3389 SHERIDAN STREET #313
City-St-Zip: HOLLYWOOD, FL 33021

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: BEN Z STERN

P

05/15/2008

Electronic Signature of Signing Officer or Director

_____ Date