

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90968 008 ***150.00

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DOCUMENT # P01000023504

1. Entity Name
EQUIFER, INC.



Principal Place of Business
**2409 ABBY DR., APT #202
KISSIMMEE FL 34741**

Mailing Address
**2409 ABBY DR., APT #202
KISSIMMEE FL 34741**



2. Principal Place of Business
1117 CAREY GLEN CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1117 CAREY GLEN CIRCLE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32824

Country
ORANGE

Zip
32824

Country
ORANGE

4. FEI Number
59-3710423

Applied For
 Not Applicable

5. Certificate of State Tax Status
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ RAMIREZ, JOSE H
2409 ABBY DR., APT #202
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1117 CAREY GLEN CIRCLE
ORLANDO, FL Zip Code **32824**

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 Jose H Fernandez DATE 3/13/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	DPVS FERNANDEZ RAMIREZ, JOSE H 2409 ABBY DR., APT #202 KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS FERNANDEZ RAMIREZ, JOSE H 2409 ABBY DR., APT #202 KISSIMMEE FL 34741	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1117 CAREY GLEN CIRCLE ORLANDO, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1117 CAREY GLEN CIRCLE ORLANDO, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Jose H Fernandez DATE 3/13/03 DAYTIME PHONE # 319-0946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)