


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2004 8:00 am
Secretary of State

06-14-2004 90002 007 ***150.00
 07-21-2004 90026 001 ***400.00

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1. Entity Name
EQUICOVE II, INC.



Principal Place of Business Mailing Address

**9200 SOUTH DADELAND BLVD.
 SUITE 500
 MIAMI FL 33156**

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 SUITE 500
 MIAMI FL 33156**

44049200



2. Principal Place of Business 3. Mailing Address

Suite, Apt., #, etc. Suite, Apt., #, etc.

4510 Bellevue St

Suite 100

MOORE CRZE034 (11/03)

City & State City & State

Kansas City, MO

Zip Country Zip Country

64111 USA

4. FEI Number Applied For

05-0524628 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIELMAN, ROBERT E
 9200 SOUTH DADELAND BLVD.
 SUITE 500
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
P	SPIELMAN, ROBERT	9200 SOUTH DADELAND BLVD.	MIAMI FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Add Suite 500			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/10/04** Daytime Phone #: **305-670-9700**